



Primary Member \_\_\_\_\_

Account Number \_\_\_\_\_

### CHANGE IN MEMBERSHIP

New Membership Category			
<b>Culpeper Sport &amp; Fitness ONLY</b>	<input type="checkbox"/> Student	<input type="checkbox"/> Family (up to 3 children)	
	<input type="checkbox"/> Individual	<input type="checkbox"/> Senior	
<b>Powell Wellness Center</b> <i>(includes access to Culpeper Sport &amp; Fitness)</i>	<input type="checkbox"/> Couple/Family of 2	<input type="checkbox"/> Senior Couple	
	<input type="checkbox"/> Corporate:	<input type="checkbox"/> Additional Children (\$5 each)	

Add	Remove	Name	Date of Birth	Scan Tag Code

New Dues Information	
Monthly Dues	
Enrollment Fee	
Prorated Dues	
Total Amount Paid	

CHANGE OF ADDRESS/PERSONAL INFORMATION	
Address	
Phone	
Email	

CHANGE IN PAYMENT METHOD		
<b>Checking or Savings Account</b> <i>(attach a voided check)</i>		
Bank Name:	Account#	ABA#
<b>Credit Card</b>		
Type of Card:	Credit Card #:	Exp. Date:

Primary Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_