



WISC CHANGE FORM

Name _____ Date _____

Current Membership Plan: _____

New Membership Plan (Circle One) Silver Individual Plus * Silver Couple Plus * Silver Family Plus
Gold Individual Plus * Gold Couple Plus * Gold Family Plus * Senior Individual Plus * Senior Couple Plus
Zone Only Individual (3 month minimum) * Zone Only Family (3 month minimum)

Change: (if applicable)

Add or Delete Name _____ M or F DOB _____

Add or Delete Name _____ M or F DOB _____

Add or Delete Name _____ M or F DOB _____

Contact Information: (if applicable)

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone Number _____

New Billing Information: *Visa or Mastercard Only*

Credit/Debit Card # _____ **Expiration Date** _____

CVN 3 digit # _____ **Name on Card** _____

Please circle all that apply to your billing: Membership Gymnastics Team Kids Club

Sports Clubs Dance Academy Karate

Please list all names associated with this change:

I hereby authorize the changes documented on this form. **Change forms may take up to 48 hours to process.

Signature _____

Date _____

Office Use Only

New Monthly Payment Amount: \$ _____ (if changing membership plans)

Notes: _____

Received By: _____ **Received Date** _____ **Changed By** _____ **Changed Date** _____