



Newtown
COMMUNITY CENTER

Membership Change Form

Member Contact

First Name: Mid Int: Last Name:

Provide Your Current Information

E-mail Address: Phone Number:

Address:

City: State: Zip:

Change of Membership Request

Upgrade/Downgrade Membership ☐ To What Membership Type?

Family Members:

Add	Remove	Full Name	Birthdate	ID Tag#	Phone Number	Email Address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Change Payment Method:

Credit/Debit Card Draft to Bank Draft ☐ Bank Draft to Credit/Debit Card Draft ☐

Annual Pay to Monthly Draft ☐ Monthly Draft to Annual Pay ☐

Change Bank Account Information:

Name of Bank: Checking ☐ Savings ☐

Account Number: Routing Number:

Change Credit/Debit Card Information:

Credit Card Number:

Expiration Date: Card Verification Code: Zip:

***A 30-day notice is required to make any changes to your membership**

***Please return completed form to NCC or email jessica.marion@newtown-ct.gov**

Member Signature: Date:

Staff Signature: Date: