



Membership Adjustment

Email to: guestservices@tricocentre.ca

Effective Date OFFICE USE ONLY
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Current Membership Type (choose one)

- Adult
 Senior
 Adult or Senior Couple
 Family: 1 Adult
 Family: 2 Adult
 Student
 Youth
 Child
 Kids Korner

Primary Passholder Name _____

Pass # _____

Phone # _____

Email _____

Change to Pass Type and **Addition of Person to Membership**

- Change Pass to:**
 Adult
 Senior
 Adult or Senior Couple
 Family: 1 Adult
 Family: 2 Adult
 Student
 Youth
 Child
 Kids Korner

Add to Pass: Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

I understand that if my pass is being upgraded, the monthly dues will increase and a pro-rated amount will be owed for the remainder of the current month.

Additional notes _____

Signature _____ Date _____

Change to Pass Type and **Removal of Person from Membership**

- Change Pass to:**
 Adult
 Senior
 Adult or Senior Couple
 Family: 1 Adult
 Family: 2 Adult
 Student
 Youth
 Child
 Kids Korner

Remove from Pass: Name _____

Name _____

Name _____

3 business days' notice is required for membership adjustment. Payment will be adjusted on the next payment date.

There is a limit 1 adjustment per year.

Signature _____ Date _____

OFFICE USE ONLY:

September 2018

Today's Date _____ RECEIVED BY (PRINT NAME) _____