

PARKWEST FITNESS

MEMBERSHIP CHANGE REQUEST FORM

Member Name: _____

Phone Number: _____

Email: _____

Current Membership Detail: _____

Scheduled Date of Renewal: _____

New Membership Changes: _____

Name/Birthdate of Add-ons: _____

Member Signature: _____ Date: _____

Parkwest Employee Name: _____

Please note: This form is not valid until approved by Parkwest Fitness management.

Approved by: _____ Title: _____ Date: _____ Effective: _____

Notes: _____