Membership Change of Status Form

Member Name: _______________________________ Member #: ________________________

Date Submitted: ___________________ Date Change Effective: _______________________

**Type of Change Requested:**

Note: I understand that this change of status will affect the fees that I pay for membership. ____ Initial

_________________ Change Membership Category from _____________ to _________________

_________________ Name of Individual ☐ add ☐ remove (if adding please attach new Health History Form)

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_________________ Cancel Membership (please note reason from list below)

**Reason for Cancellation:** A $100 re-enrollment fee will be charged to re-join Lakeshore

☐ Death ☐ No Reason Given

☐ Dissatisfaction ☐ Not Exercising

☐ Facility Not Convenient ☐ Not Seeing Results

☐ Financial ☐ Personal/Family Issues

☐ Medical Reasons ☐ Staff

☐ Moved from Area ☐ Transportation

Comments:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

_________________________ Member’s Signature ____________________________ Date

**OFFICE USE ONLY**

☐ Changed Coding in CSI ☐ Changed Financial Information

Comments: ____________________________________________________________

__________________________________________________________

______________ Employee Signature ______________ Date