

HOUSEHOLD CHANGE REQUEST

Household Information

Head of Household (first, middle & last)			Household ID
Street Address		City	ZIP code
Home Phone	Work Phone	Cell Phone	

Residency Status Changes

Residency Status: FROM: M-res Non-res TO: M-res Non-res

Household Member Changes

I.D. #	Name (first, middle & last)	Date of Birth	Grade	Gender
Head of H/H (01)				M F
Spouse (02)				M F
Dependent/HH Mbr (03)				M F
Dependent/HH Mbr (04)				M F
Dependent/HH Mbr (05)	additional monthly fee			M F
Dependent/HH Mbr (06)	additional monthly fee			M F
Dependent/HH Mbr (07)	additional monthly fee			M F
Dependent/HH Mbr (08)	additional monthly fee			M F

E-mail *(please provide one e-mail address for each household member over the age of 18)*

I.D. #	E-mail (please print)
Head of H/H (01)	
Spouse (02)	

Community Center Pass Type Changes

FROM: <input type="checkbox"/> Premier <input type="checkbox"/> Basic TO: <input type="checkbox"/> Premier <input type="checkbox"/> Basic	FROM: <input type="checkbox"/> Family <input type="checkbox"/> 2-Person <input type="checkbox"/> Senior (60+)	<input type="checkbox"/> 2-Person Sr. <input type="checkbox"/> Adult (12-59) <input type="checkbox"/> Youth (4-11)	TO: <input type="checkbox"/> Family <input type="checkbox"/> 2-Person <input type="checkbox"/> Senior (60+)	<input type="checkbox"/> 2-Person Sr. <input type="checkbox"/> Adult (12-59) <input type="checkbox"/> Youth (4-11)
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I understand that the changes reflected above may change the monthly membership fee charged to my account. I hereby authorize the City of Mason to initiate debit entries for the monthly membership subscription, including any adjustments that are necessary to make the changes I have requested above, and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my account on record. I additionally authorize the financial institution or credit card to debit or credit the same to the account on record. This authority is to remain in effect until revoked in writing through the subscriber cancellation process.

Pass Holder Signature

Date