

# Client Membership Profile Update Form

Please fill out this form to update your membership information. This document can be printed and completed by hand.

## 1. Membership Identification

Membership ID Number:

## 2. Personal Information

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Gender:

## 3. Contact Details

Phone Number:

Email Address:

Street Address:

City:

State / Province:

Zip / Postal Code:

## 4. Emergency Contact

Emergency Contact Name:

Relationship to Member:

Emergency Phone Number:

## 5. Membership Preferences

Membership Type (e.g., Standard, Premium, Family):

Reason for Update (e.g., Name Change, New Address, New Contact Info):

## 6. Authorization

I confirm that the information provided above is accurate and up to date.

Client Signature (Sign inside box):

Date Signed (MM/DD/YYYY):