

UPDATE ACCOUNT INFORMATION

DIRECTIONS: MEMBER-OF-RECORD, PLEASE COMPLETE THE MEMBER SECTION FOR ANY CHANGE REQUEST AND SIGN THIS FORM. IF ADDING A CO-MEMBER, PLEASE COMPLETE THE CO-MEMBER SECTION INCLUDING SIGNATURE. YOU MAY RETURN YOUR FORM BY EMAIL, FAX, OR MAIL TO THE ADDRESSES ABOVE. IF YOU NEED ASSISTANCE, PLEASE CONTACT MEMBER CARE.

CHECK THE CHANGE THAT APPLIES AND PROVIDE SUPPORTING DOCUMENTATION IF STATED. REQUESTS MAY BE SUBJECT TO A CREDIT ASSESSMENT.

- Add Co-Member + complete Co-Member Release form if applicable.**
- Estate of:** please provide Death Certificate. Enter Member's information at the Member section and enter Executor or Administrator information in Co-Member section
- Guardianship or Power of Attorney:** please provide Durable Power of Attorney or legal proof of guardianship. Attorney-in-fact or Guardian, please enter Member information in Member's section and add your information to the Co-Member section.
- Last Name (Surname) Change:** provide legal document supporting the name change. Complete Member section using new name.
- Surviving Spouse Request to Update Membership:** please provide Death Certificate and complete the Member section.
- Update my billing, contact, personal, or location information.**

PART A: MEMBER INFORMATION

Account Number:	Member Name (Last, First, Middle):		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Estate Of (if applicable)		Billing Address:	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Home Phone (Area Code):	Work Phone (Area Code):	Cell Phone (Area Code):	Email Address:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Social Security No. (Complete #):	DOB (mm/dd/yyyy):	DL#:	DL State:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PART B: CO-MEMBER INFORMATION

Member Name (Last, First, Middle):			
<input style="width: 100%;" type="text"/>			
Home Phone (Area Code):	Work Phone (Area Code):	Cell Phone (Area Code):	Email Address:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Social Security No. (Complete #):	DOB (mm/dd/yyyy):	DL#:	DL State:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PART C: SERVICE LOCATION

911 Address if different from Billing Address:

Description: (e.g., shop, home, barn, house)

YOUR SIGNATURE CONSTITUTES YOUR ACCEPTANCE OF ALL PROVISIONS RELATING TO THE RIGHTS, POWERS, TERMS, CONDITIONS, OBLIGATIONS, RESPONSIBILITIES, AND LIABILITIES OF MEMBERSHIP, SEVERALLY OR JOINTLY IN CASES OF A CO-MEMBERSHIP.

Member Signature:	Co-Member Signature:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Printed Name:	Printed Name:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>