



MITTLEMAN JEWISH COMMUNITY CENTER

6651 SW Capitol Highway, Portland, OR 97219

P: 503.244.0111 F: 503.245.4233 www.oregonjcc.org

Change Form Application

Please fill out this form completely. Thank you.

Member Requesting Change _____

Member Signature _____

NAME CHANGE

Current Name _____ New _____

Please write your full name and include a photocopy of ID with new name

MEMBERSHIP CATEGORY

Old Category _____ New Category _____

Family Members to Cancel or Add

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

ADDRESS CHANGE

Old _____ New _____

Photo copy of Id with Address change

EMAIL CHANGE

Old _____ New _____

Add email _____

CREDIT CARD

For Card on file References:

Old last four digits _____ New _____

Exp Date _____ Exp Date _____

Type of CC _____ Type of CC _____

Checking account: Bank/Financial institution _____

Account # _____ Routing # _____

LOCKER CHANGE

Old # _____ New # _____

Paid _____ Men's or Women's _____

Signature 1 _____ Date _____

Signature 2 _____ Date _____

Received By: _____ Date: _____