



Mittleman

Jewish Community Center
Schnitzer Family Campus
6651 SW Capitol Highway, Portland, OR 97219
P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

Change Form Application

Please fill out appropriate sections completely.
Thank you.

Member Requesting Change _____

Member Number _____

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 (please circle one)

Please provide proof of address

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

_____ I understand that if I am presently under a doctor's care that I have received their permission to exercise or participate in a workout program at the Mittleman Jewish Community Center.

ALL ADULT MEMBERS MUST SIGN BEFORE USING FACILITY.

EMAIL CHANGE

Old _____ New _____

Add email _____

CREDIT CARD

New _____ CVC # _____

Exp Date _____

Type of CC _____

Member Signature _____

Received By: _____ Date: _____
