



MEMBERSHIP ADJUSTMENT REQUEST FORM

City of Hamilton, Recreation Division

www.hamilton.ca/recreation

Date Received: _____
Received by: _____
() Denied: _____
() Approved _____

Please complete form for membership adjustments that are outside the Recreation Division Refund and Prorate policies for special consideration. For more information, to request a refund, or review the Membership Terms and Conditions please visit our website www.hamilton.ca/recrefunds

First Name		Last Name	
Address		City	
Postal Code		Phone	
E-mail		Member Number	

Type of Membership	Date Purchased
1. Monthly Membership	
2. Clip Card	
4. Annual Membership	

Explanation: (attach original receipt and if applicable any other documentation if requested by manager)

_____ Customer Name (print) _____ Signature _____ Date

Office Use Only

Staff Notes

_____ Manager Name (print) _____ Signature _____ Date

_____ Processed by (print) _____ Signature _____ Date

All information, including Personal Information, collected by the City of Hamilton is done so under the authority of Ontario's *Municipal Act, 2001*, and *Municipal Freedom of Information and Protection of Privacy Act*, each as amended and will be used for program registration, administration and delivery. Questions about this collection should be directed to: Sr. Manager of District Operations, City of Hamilton, Recreation Division, P.O. Box 2040, Hamilton, ON L8P 4Y5, 905-546-3747