

Membership Variation Form

Member Information

- Membership ID/Number: _____
- Full Name: _____
- Contact Number: _____
- Email Address: _____

Current Membership Details

- Current Membership Type: _____
- Membership Duration: _____

Requested Variation

- Change of Membership Type:
 - ☐ Upgrade ☐ Downgrade
 - From: _____
 - To: _____
- Change of Duration:
 - Current Duration: _____
 - New Duration: _____
- Reason for Change:

Payment Adjustment (if applicable):

- Additional Payment Required: ☐ Yes ☐ No
 - Amount: _____

Approval Section (For Office Use Only)

- Approved By: _____
- Approval Date: _____

Declaration

I confirm that the details provided above are accurate and agree to any additional charges resulting from this change.

Signature: _____

Date: _____