



NON-RESIDENT MEMBERSHIP CHANGE FORM

Name _____
Mailing Address _____ City _____ State _____
Membership Number _____ Phone (h) _____ (c) _____
Email _____

CURRENT TYPE OF MEMBERSHIP

Single - \$125.00/month _____
Family - \$170.00/month _____

Please upgrade my membership to a Family membership - \$170.00/month
List additional family members (spouse and children ages 12-21):

Name: Relationship to main member: Birthdate:

Please change my membership to an individual membership -\$125.00/month
List all family members to be removed:

This form must be completed and turned in to the General Manager prior to the 15th of the month. The upgrade/downgrade will be effective on the 1st of the following month. **Please note that we have a 3 month minimum when making changes to your account.**

SIGNED _____ DATE _____

To be completed by staff:

Date Membership Changed: _____