



Membership Change(s)

(check all that apply)

Member Name(s): _____ Date: ____/____/____

Phone: (____)____-____ E-mail: _____

Signature (required): _____

Upgrade

I wish to add _____, _____, _____ to my membership.
I have attached a Health History and Waiver and Release form for each addition.

Fees: Upgrade in Initiation fee: _____

Single to Couple = \$100

Single to Family = \$150 first 2 additions, then \$25pp

Couple to Family = \$50 first addition, then \$25pp

Upgrade in Monthly Dues: _____

Freeze

I wish to Freeze my membership to the Sisters Athletic Club. I understand I may freeze my account in 30 day increments, pay only \$25/month and that I need to give 30 days notice.

Please freeze my account from: ____/____/____ to ____/____/____

Reason (required): Medical Out of the Area Other: _____

(must be approved by the Manager)

New Billing Information (May also complete at www.sistersathleticclub.com/Membership/MyClub/)

Credit Card _____ exp _____

Bank Account (must attach voided check)

New Address _____

New Phone Number: (____)____-____ E-Mail _____

Delete

I wish to delete _____, _____, _____
from my membership.

I understand that if I choose to reinstate this/these person(s) to my membership I will need to pay the appropriate upgrade in Initiation Fee. Initials: _____