



# 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 signed Health History and Waiver and Release form for each additional member.

**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  
New Monthly Dues: \_\_\_\_\_

Freeze

I wish to freeze my membership to the Sisters Athletic Club.

initial: \_\_\_\_\_ I understand I may freeze my account **only** in 30 day increments and pay \$25/month

initial: \_\_\_\_\_ I understand I need to notify SAC prior to the end of the month and that freezing will begin at the next billing cycle.

Please freeze my account from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason (required):  Medical  Out of the Area  Other: \_\_\_\_\_  
(must be approved by the Manager)

New Billing/Contact Information (May also complete online, login at [www.sistersathleticclub.com](http://www.sistersathleticclub.com))

Credit Card \_\_\_\_\_ exp \_\_\_\_\_

or

Bank Account (must attach voided check)

New Address \_\_\_\_\_

New Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  E-Mail \_\_\_\_\_