# Membership Change/Cancellation

SISTERS ATHLETIC CLUB

*(check all that apply)*

Member Name(s): _____ Date: ____/_____/_____
Phone: (_____) _____-_____ E-mail: _____

**Signature** (required): _____

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☐ **Upgrade:**

**Member:** _____ **Member:** _____
**From:** _____ **From:** _____
**To:** _____ **To:**_____

☐ **Downgrade**

**Member:** _____ **Member:** _____
**From:** _____ **From:** _____
**To:** _____ **To:**_____

**Membership Options per month:**

Premium: $104 (2nd household member 50% off, towels, all hours, cardio and weight rooms, classes, pool, and hot tub)
Standard Fitness: $85 (2nd household member 50% off, all hours, cardio and weight rooms and classes)
Standard Swim: $85 (2nd household member 50% off, all hours, pool, hot tub, and Hydrofit classes)
Matinee: $55 (11 – 4 access only, cardio and weight rooms)
***New membership will be active at the start of the next calendar month:** _____

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☐ **Freeze:** Member: _____ Member: _____

I wish to **freeze** above member(s) of 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 note: Each member on an account pays a separate charge.

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

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

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

□ Credit Card_____ exp_____ CVV: _____
□ Bank Account (must attach voided check)
□ New Address_____
□ New Phone Number: (_____) _____-_____ □ E-Mail_____

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☐ **Cancel (Membership will be canceled on the last day of the month)**

I wish to cancel: ☐Just me ☐Other Member: _____

Reason (required): ☐Medical ☐Moving ☐No Use ☐Other Gym ☐Financial

**I understand that if I choose to reinstate canceled person(s) to my membership, I will need to re-pay the initiation fee. This fee will be waived if I re-join within 30 days. Initials: _____**