



Membership Change

Name (print) _____ Membership # _____

Signature _____ Date _____

Upgrade

I wish to add _____, _____, _____
to my membership.

Fees: Upgrade in Initiation fee:	_____	Single to Couple = \$225
		Couple to Family = \$150
		Single to Family = \$375
Upgrade in Monthly Dues:	_____	
Total due:	_____	

Freeze

I wish to Freeze my membership to the Sisters Athletic Club due to being out the area or for medical reasons. I understand freezing my account allows me to only pay \$25 per month.

Please freeze my account from: _____ to _____

Reason: _____

Billing Information

Credit Card _____ exp _____

Checking Account (attach voided check)

Address _____

Phone Number _____