SISTERS ATHLETIC CLUB

Membership Change

Name (print)_____

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 and that I need to give 30 days notice.

Please freeze my account from: _____ to _____

Reason:_____

_____

_____

Billing Information

Credit Card_____ exp_____
Checking Account (attach voided check)

Address_____

Phone Number_____