



STATUS CHANGE FORM

The South Barrington Club ♦ 3 Tennis Club Lane ♦ South Barrington, IL 60010
Phone: (847) 381-2570 ♦ sbpd.net

Name: _____

CHANGE OF ADDRESS:

New Street Address: _____

City: _____ State: _____ Zip: _____

CHANGE OF TELEPHONE NUMBER(S):

New Home Phone: _____ - _____ - _____

New Work Phone: _____ - _____ - _____

New Cell Phone: _____ - _____ - _____

CHANGE OF MEMBERSHIP STATUS:

Your membership status may be upgraded to a new level at the end of the month. (i.e.: from individual to family or from associate to executive). **If you increase the number of people on your membership, you will be charged the difference in initiation fees between the membership types upon submission of this form. You may downgrade your membership status, after a 12 month period.**

Current Membership Type: _____

NEW Membership Type: _____

Names to be added/deleted from the membership:

<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Name: _____	Birthdate: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Name: _____	Birthdate: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Name: _____	Birthdate: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Name: _____	Birthdate: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Monthly dues will be \$ _____, beginning with the month of _____.

MEMBER SIGNATURE:

The new billing amount will remain in effect for a minimum of 12 months after which I will give a 30 day written notice if I want to change or discontinue billing. I understand the South Barrington Club reserves the right to change the amount of monthly dues.

Signature: _____ Date: _____

For Office Use Only:

<input type="checkbox"/> CA Information Updated By: _____ Date: _____	<input type="checkbox"/> Initiation Fee Billed By: _____ Date: _____
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