



# STATUS CHANGE FORM

The South Barrington Club ♦ 3 Tennis Club Lane ♦ South Barrington, IL 60010  
Phone: (847) 381-2570 ♦ Fax: (847) 381-4697 ♦ www.sbpd.org

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

### 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 may be upgraded to a new level at any time (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:

Add  Delete Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Add  Delete Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Add  Delete Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Add  Delete Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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:*

RCM Information Updated By: \_\_\_\_\_ Date: \_\_\_\_\_

Initiation Fee Billed By: \_\_\_\_\_ Date: \_\_\_\_\_