



M E M B E R S H I P R E I N S T A T E M E N T

MEMBER INFORMATION

REINSTATEMENT DATE

MEMBER

MEMBERSHIP

Home Address

City State Zip

Employer

Work Address

City State Zip

Home Phone Work Phone

Social Security Number Birthdate

Email Address

Membership Card(s) will be available at the reception desk in 3-5 days.

SPOUSE

Employer

Work Address

City State Zip

Work Phone

Social Security Number Birthdate

E-Mail Address

DEPENDENT CHILDREN TO BE INCLUDED

1 Dependent Child Name M/F Birthdate

2 Dependent Child Name M/F Birthdate

3 Dependent Child Name M/F Birthdate

4 Dependent Child Name M/F Birthdate

MEMBERSHIP TYPE

- Health Club
- Senior Health Club
- Country Club
- Associate

OFFICE USE ONLY

Staff signature

Date

Accounting processed by

Date

- Billing record updated
- Membership status updated
- Billing adjustments made