

DEACTIVATION - SENIOR DEPENDENTS

Date: _____

Gentlemen:

This is to request deactivation of my Club Membership.

Date of Effectivity : _____

REASON FOR DE-ACTIVATION:

- | | | |
|---|--|---|
| <input type="checkbox"/> Non usage | <input type="checkbox"/> Relocation | <input type="checkbox"/> Repatriation |
| <input type="checkbox"/> Travel/Vacation | <input type="checkbox"/> Out of the country | <input type="checkbox"/> Out of town |
| <input type="checkbox"/> Temporary DA | <input type="checkbox"/> Auto DA | <input type="checkbox"/> Principal Member Deactivated |
| <input type="checkbox"/> Membership with other Club _____ | <input type="checkbox"/> Medical/Health Reason | |

If 'other', please specify: _____

Please send all my bills to _____
for settlement of all my unpaid accounts. I can be contacted at _____.

I understand that my Membership account can only be deactivated after the minimum tenure requirement of 6-Months from the date of activation. I agree to settle any unpaid dues or accounts within three (3) days upon receipt of my final billing statement.

Signature over printed name

Membership Code

TO BE FILLED-UP BY MEMBERSHIP ASSOCIATE:

Requested By	: _____	SR Balance	: _____
Received By	: _____	Principal Balance	: _____
Membership Tenure	: _____	Date Received	: _____
Type of Membership	: _____		

TO BE FILLED-UP BY MEMBERSHIP ADMINISTRATION:

RECEIVED BY : _____

DATE RECEIVED : _____

Minimum 6-months activation : OK

Account Status : Updated Delinquent

Cleared by : _____

Approved for processing : _____