

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

TO BE FILLED-UP BY MEMBERSHIP ADMINISTRATION:

RECEIVED BY	:	_____
DATE RECEIVED	:	_____
Minimum 6-months activation	:	<input type="checkbox"/> OK
Account Status	:	<input type="checkbox"/> Updated <input type="checkbox"/> Delinquent
Cleared by	:	_____
Approved for processing	:	_____