

REACTIVATION FOR SENIOR DEPENDENTS

Date: _____

Gentlemen:

This is to request for the reactivation of my Club Membership.

Date of effectivity : _____
Billing Address : _____
Reason for Re-Activation : _____

Contact Information:

Email address : _____
Cellphone No : _____
Tel No (residence) : _____
Tel No (office) : _____

I expressly acknowledge and agree to the following conditions set in relation to my membership with the Club:

- a. *Membership with the Club has to be kept active for at least six (6) months*
- b. *Membership with the Club shall be co-terminus with the tenure of the Principal Member's membership. Membership with the Club, including usage rights and signing privileges, shall be automatically cancelled upon deactivation or suspension of the Principal Member's account*

The Club cannot be held liable for the cancellation of the membership privileges for failure of the Senior Dependent to submit the required documents relative to the extension of his / her membership.

- c. *A written deactivation notice must be submitted to the Administration Office if deactivation is requested by the Senior Dependent prior to the end of the Principal Member's membership.*

Reactivation is not automatic and is subject to review. The Principal Member further acknowledges and agrees to assume any overdue or unpaid accounts (membership dues, consumptions, late payment charges, etc.) incurred by his / her Senior Dependent.

Thank you,

Concurred by:

Signature over printed name
Senior Dependent

Signature over printed name
Principal Member

To be filled-up by Membership Administration:

RECEIVED BY : _____

DATE RECEIVED : _____

Previous Account : ☐ Cleared ☐ W/ outstanding balance

Cleared by : _____

Approved for processing : _____