

## DEACTIVATION FOR RESIDENTS

Date: \_\_\_\_\_

Gentlemen:

This is to request De-activation of my Club Membership.

Date of Effectivity : \_\_\_\_\_ Unit Number : \_\_\_\_\_

**REASON FOR DE-ACTIVATION:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Lease expired                          | <input type="checkbox"/> Moved out w/ successor | <input type="checkbox"/> Unit Sold              |
| <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"/> Termination of Lease   |
| <input type="checkbox"/> Transfer of Residency outside Rockwell |   | <input type="checkbox"/> Transfer unit in _____ |
| <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 at least six (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. Otherwise, the Club shall have the authority to deduct any unpaid dues from my Security Deposit and / or forward such unpaid dues to my lessor for settlement. It is further understood that my refundable Security Deposit (if applicable) will be processed within two (2) weeks from the date of deactivation.

\_\_\_\_\_  
Signature over printed name\_\_\_\_\_  
Membership Code**TO BE FILLED-UP BY MEMBERSHIP ASSOCIATE:**

|                    |   |       |                |   |       |
|--------------------|---|-------|----------------|---|-------|
| Requested By       | : | _____ | Dues to        | : | _____ |
| Received By        | : | _____ | Tenant Balance | : | _____ |
| Membership Tenure  | : | _____ | UO 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     | : | _____  |