

REACTIVATION FOR TENANTS

Date: _____

Gentlemen:

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

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

To comply with the requirements, I will avail of:

☐ Auto-Debit Program for monthly account charges

OR

☐ Php 25,000 Security Deposit and Auto-Debit Program for overdue account charges

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:

- Membership with the Club has to be kept active for at least six (6) months.*
 - Membership with the Club shall be co-terminus with the tenure of the tenant/resident – as indicated in the Lease Contract submitted to the Club at the time of application.*
 - Membership with the Club, including usage rights and signing privileges, shall be automatically cancelled at the end of the lease period indicated in the contract.*
 - An extension of the Lease Contract must be submitted to the Membership Administration Office at least one (1) month prior to the end of the lease period.*
- The Club cannot be held liable for the cancellation of the membership privileges for failure of the resident member to submit the required documents relative to the extension of lease.*
- A written deactivation notice must be submitted to the Administration Office if de-activation is requested by the Resident Member prior to the end of the lease contract. NOTE: Refundable Security Deposit (if applicable) will be processed within two (2) weeks from the date of deactivation.*

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

Thank you,

Concurred by:

 Signature over printed name
 Lessee

 Signature over printed name
 Lessor

To be filled-up by Membership Administration:

RECEIVED BY : _____
 DATE RECEIVED : _____

Previous Account : ☐ Cleared ☐ W/ outstanding balance
 Cleared by : _____
 Approved for processing : _____