



Woodstock Athletic Club

1489 South Street, Woodstock, VT 05091, 802-457-6656
Athletic Club Desk, athleticclub@woodstockinn.com

Membership Updates, 2019

What is the task?	Date: _____
<input type="checkbox"/> Update contact info	
<input type="checkbox"/> Reinstate/cancel	
<input type="checkbox"/> Add/remove member	
<input type="checkbox"/> Update credit card info	
<input type="checkbox"/> Change membership type	
<input type="checkbox"/> Update CI Verify	
<input type="checkbox"/> Update email list + Member List	
<input type="checkbox"/> Copy for AC file	
<input type="checkbox"/> New Swipe Cards Made	

Membership Update

***Please fill in your name, phone number and email address to make any updates to your membership. Thank you!**

*NAME (s) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

*PHONE(s) _____

*E-MAIL(s) _____

REINSTATE/CANCEL ENTIRE MEMBERSHIP

Please: **REINSTATE/CANCEL** my/our membership effective _____.
(Circle one) (Date)

Signature: _____ **Date:** _____

I agree to the above changes to my account. I understand there will be a \$39 processing fee to reinstate the membership each time. I also understand that membership cancellations received prior to the 15th of the month will end the membership in the current month and cancellations after the 15th will end the membership in the upcoming month per the membership agreement.

PLEASE LIST ALL MEMBERS BELOW

ADD/REMOVE FAMILY/TENNIS/CORPORATE MEMBER

Please **ADD /REMOVE** a Unlimited Court Use privilege to/from my membership effective _____.

Please **ADD /REMOVE** the following individuals to/from my membership effective _____.

NAME (please print)	DATE OF BIRTH	Tennis/Croquet	SWIPE CARD #

Signature: _____ **Date:** _____

I agree to the above changes to my account and understand the billing changes. Please note that any additional incidental charges for services rendered at the Athletic Club will be paid with credit card on file monthly.

MEMBERSHIP PAYMENT OPTIONS

For your convenience, you can choose one of the following payment options.

- **Rolling Monthly Payment.** Memberships do not have an expiration date. Payments will be charged to the card on file between the 1st and 8th each month.
- **Paid in Full Payment.** Memberships can be paid in full at a set start and end date and all fees will be charged at the start of membership. (See Cancellation policy)*
- **Forms of Payment.** Credit Card, Personal Check and/or Cash are all accepted. (Personal Check payments are expected by the 8th of each month)
- **Prorated Athletic Club Membership Rates** applied to Memberships:

If you join the Athletic Club on the...

- 1st-7th: Full monthly dues
- 8th-14th: Monthly dues 75% (25% discount)
- 15th-21st: Monthly dues 50% (50% discount)
- 22nd-31st: Monthly dues 25% (75% discount)

WOODSTOCK ATHLETIC CLUB STAFF:	WOODSTOCK ATHLETIC CLUB STAFF:
<p>Please calculate <u>this month's</u> membership charge.</p> <p style="text-align: center;">Date to begin membership: _____</p> <p style="text-align: center;">Date to end membership (if applicable): _____</p> <p>Membership Dues (Prorated, if applicable): \$ _____</p> <p>Processing Fee (N/A if rolling into a new plan): \$ _____</p> <p>Unlimited Court Use (optional, per person): \$ _____ <small>NOT ELIGIBLE FOR PRORATED RATES</small></p> <p style="text-align: right;">Subtotal: \$ _____</p> <p style="text-align: right;">Vermont State Tax 6%: \$ _____</p> <p>City ledger (\$45.00, optional, non-taxable): \$ _____</p> <p style="text-align: right;">Total First Month Charge: \$ _____</p>	<p>Please calculate the <u>ongoing</u> rolling membership charge.</p> <p style="text-align: right;">Membership Dues (<u>Full month dues</u>): \$ _____</p> <p style="text-align: right;">Tennis or Croquet(optional, per person): \$ _____</p> <p style="text-align: right;">Subtotal: \$ _____</p> <p style="text-align: right;">Vermont State Tax 6%: \$ _____</p> <p style="text-align: right;">Rolling Membership Charge: \$ _____</p>

Please note that any additional incidental charges for services rendered at the Athletic Club will be paid with credit card on file on a monthly basis.

MEMBERSHIP PAYMENT	
AMEX VISA MC DISC <i>Circle One</i>	
Credit Card # _____	Exp. Date _____
Name on card _____	CVV Code _____
Cardholder Signature: _____	