

MEMBERSHIP FEES

Leave of Absence

Regular Membership: \$15

Senior Membership: \$ 8

Your account must remain current during your LOA period.

Upgrade Account

Upgrade fees vary depending upon your membership type. Please see a Member Services Representative to verify upgrade fees.

Downgrade Account

Monthly fees will be adjusted due to a downgrade based on the membership type (ie. family to couple, couple to single). Please see a Member Services Representative to verify your new monthly dues.



Airport Health Club

432 Aviation Blvd
Santa Rosa, CA 95403

Phone: (707) 528-2582

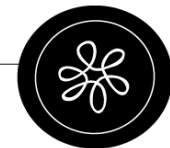
Fax: (707) 528-7543

Email: memberservices@airportclub.com

Website: www.airportclub.com

DOWNGRADING YOUR CLUB ACCOUNT

(Deleting a Member)



Airport Health Club

www.airportclub.com

DOWNGRADE REQUEST

Memberships may be downgraded by completing a Downgrade Request Form. **The request may only come from the person being removed from the account.** In the case of a juvenile, an adult on the account may request the downgrade.

All changes must be received in writing the by the last business day of the previous month in order to be effective for the next billing period. There are no retroactive adjustments.

Once downgraded, your monthly dues will be adjusted to reflect your new account status. A Member Services representative will provide your new dues amount when they confirm your downgrade request.

In the event of a change in relationship on a couple account, each of the two adults on the membership may arrange to have an individual membership with no additional membership fees incurred. Each would be responsible for individual monthly dues based on the membership type for which they qualify.

Staff Use Only

Current Status _____

New Status _____

Charge Account \$ _____

Credit Account \$ _____

DOWNGRADE REQUESTS MUST BE RECEIVED BY THE LAST BUSINESS DAY OF THE PRECEDING MONTH IN ORDER TO BE EFFECTIVE.

NAME _____ MEMBER # _____

ADDRESS _____ City _____ Zip _____

DAY PHONE _____ EMAIL _____

WHAT IS THE BEST WAY TO REACH YOU WITH QUESTIONS AND TO PROVIDE CONFIRMATION OF YOUR REQUEST? _____

DELETIONS

Name	Birthdate	Relationship

REQUESTED EFFECTIVE DATE _____

I UNDERSTAND THAT UNTIL I RECEIVE CONFIRMATION OF THIS REQUEST, NO CHANGES WILL HAVE BEEN MADE ON MY ACCOUNT. IF I DO NOT RECEIVE CONFIRMATION WITHIN FIVE DAYS OF MY REQUEST, I WILL CONTACT MEMBER SERVICES AT 528-2582 TO DISCUSS THE STATUS OF MY REQUEST.

SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____