

CALABASAS TENNIS AND SWIM CENTER



CITY *of* CALABASAS

MEMBERSHIP ACTION REQUEST FORM - COVID 19 LEAVE OF ABSENCE

Member Name: _____

Member Number: _____ Effective Date: _____

Day Phone: _____ Evening Phone: _____

Leave Of Absence*****

Covid 19 - Leave of Absence (One (1) Month Only)

CHANGE*****

New Address: _____ (Street)

(City, State)
(Zip Code)

New Phone Number: _____ (Primary)

(Secondary)

Request for membership to be frozen for 30 days must be submitted in writing to the center by July 31, 2020 or the membership charges will resume on August 7, 2020. No Exceptions.

.....
Member Signature: _____

For Office Use:

Date: _____

Received by: _____