

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 30-day membership freeze must be submitted in writing to the Calabasas Tennis and Swim Center by the 20th of the current month to be effective for the following month, or membership dues will be charged.

No exceptions.

Member Signature: _____

For Office Use:

Date: _____

Received by: _____