

**Bay Club Marin
Member Information Change
Replacement Card Form**



Staff Member Name:

Print Name Here

DATE:

Month / Day / Year

| | |
|---------------------------|--|
| NAME: | |
| MEMBERSHIP NUMBER: | |
| HOME PHONE NUMBER: | |
| WORK PHONE NUMBER: | |
| E-MAIL ADDRESS: | |

| | |
|------------------------|--------------------------|
| BILLING ADDRESS | CHANGE OF ADDRESS |
| | Street: |
| | Apt/Suite#: |
| | City / Zip code: |

| | |
|---------------------|------------------|
| WORK ADDRESS | Company name: |
| | Street: |
| | Apt/Suite#: |
| | City / Zip code: |

PERMANENT CARD NOT RECEIVED

JOIN DATE:

LOST CARD REPLACEMENT **\$10.00 CHARGE**

Please sign to Authorize changes

MEMBER SIGNATURE:

Staff member please initial if charge is waived