



Member Information Form

For changes in: address phone number EFT billing

Member Information

Name: _____

Membership #: _____

Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Billing Authorization

Credit Card:

Visa MC AMEX Discover

Card #: _____

Exp Date: _____

Name on Card: _____
(please print)

Checking (attach copy of voided check)

Bank Name: _____

Account #: _____

Name on Account: _____
(please print)

Member comments: _____

Fax Transmission Data (703)250-8642

To: Business Office

From: _____

Fax #: _____

Date: _____

Number of pages (including this one): _____

**This is a fax-ready form.
No cover sheet necessary.**

EFT Authorization:

I request that my applicable club fees and monthly charges be deducted from the above account for my Burke Racquet & Swim Club membership by using Electronic Funds Transfer. This authorization for automatic debit remains in effect until I cancel my membership in writing and return my membership card(s) in conformance with the rules and regulation.

I understand that if it is past the 28th of the month, this change may not take place for the next debit date.

Authorized signature:

Today's date:

You will be contacted if any adjustments to your account are necessary.

Burke Racquet & Swim Club
6001 Burke Commons Rd.
Burke, VA 22015

office use only
pmt. plan _____
code _____
keyed _____ date _____
\$ _____
Card _____
Init. fee _____
Partial _____
1st month _____
Total _____