



MEMBERSHIP DUES LINE CHANGE FORM 2024

Please change membership to

Associate Individual ____ \$340 Couple ____ \$463 Family ____ \$582

Resident Individual ____ \$443 Couple ____ \$534 Family ____ \$646

You may switch back to your original status without any fee.

**Should you choose to downgrade from Resident to Associate, you may be subject to a waiting list upon return to Resident status.*

Add My spouse ____ **Add** My Dependent(s) ____ **Upgrade** level ____

Remove My spouse ____ **Remove** My Dependent(s) ____ **Downgrade** level ____

Name _____ Date of Birth _____ M/F

Name _____ Date of Birth _____ M/F

Name _____ Date of Birth _____ M/F

Name _____ Date of Birth _____ M/F

Name _____ Date of Birth _____ M/F

Name _____ Date of Birth _____ M/F

*If removing a spouse, spouse must sign this form.

*If adding a spouse to your membership for the first time, you must provide a marriage certificate.

*Dependents added to membership must be **under 25** and/or Your Legal Dependent. If the child(ren) are not yours; legal documents **must be presented** i.e. Temporary guardianship form, Custodial papers from the court, marriage certificate, adoption, etc.

Should you choose to downgrade or upgrade your membership, there will be a **waiting period of 30 days** before those individuals may return or be removed from the membership. By signing this form, you acknowledge that this may be a possibility.

Monthly dues will increase/decrease from _____ to _____.

Member **Signature**

Member **Name**

Date

Member **#**

***If Applicable Member Spouse Please Sign and Date**