

Braidwood Recreation Club

TRANSFER OF MEMBERSHIP REQUEST FORM

Board of Directors
Braidwood Recreation Club
P.O. Box 9
Braidwood, IL 60408

BRC Transfer Fee \$250.00
BRC Double Transfer Fee \$450.00
BRC Triple Transfer Fee \$650.00
Golf Transfer Fee \$250.00

To The Attention of The Board of Directors:

I _____ request to transfer my Membership to
Members Name Membership #

_____ then in turn transfer it to _____
Single Transfer Name Double Transfer Name

NEW MEMBER INFORMATION

FAMILY INFORMATION

NAME _____

NAME D.O.B AGE

ADDRESS _____

CITY/ZIP _____

PHONE _____

OCCUPATION _____

I understand this request will be presented before the Board of Directors for approval and I will be notified of the Board's Action. An Interview Date will be scheduled by the Membership Director and the new Member and Family will be notified of the Interview Dates available.

Signature of New Member Date

OFFICIAL NOTARY SEAL AND SIGNATURE REQUIRED

NOTARY;

Signature of Member Requesting Transfer Date

Enclosed is Certificate Number _____ that I request a refund for.

Regardless of intent to Transfer, dues must be paid by the March 1st Deadline.