

## TRANSFER OF MEMBERSHIP REQUEST FORM

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

|                         |          |
|-------------------------|----------|
| BRC Transfer Fee        | \$200.00 |
| BRC Double Transfer Fee | \$400.00 |
| BRC Triple Transfer Fee | \$600.00 |
| Golf Transfer Fee       | \$200.00 |

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

|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                |             |              |            |       |       |       |       |       |       |       |       |       |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <b>NAME</b> _____<br><b>ADDRESS</b> _____<br><b>CITY/ZIP</b> _____<br><b>PHONE</b> _____<br><b>OCCUPATION</b> _____ | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><b>NAME</b></td> <td style="width: 33%;"><b>D.O.B</b></td> <td style="width: 33%;"><b>AGE</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | <b>NAME</b> | <b>D.O.B</b> | <b>AGE</b> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| <b>NAME</b>                                                                                                         | <b>D.O.B</b>                                                                                                                                                                                                                                                                                                                                                   | <b>AGE</b>  |              |            |       |       |       |       |       |       |       |       |       |
| _____                                                                                                               | _____                                                                                                                                                                                                                                                                                                                                                          | _____       |              |            |       |       |       |       |       |       |       |       |       |
| _____                                                                                                               | _____                                                                                                                                                                                                                                                                                                                                                          | _____       |              |            |       |       |       |       |       |       |       |       |       |
| _____                                                                                                               | _____                                                                                                                                                                                                                                                                                                                                                          | _____       |              |            |       |       |       |       |       |       |       |       |       |

I understand this request will be presented before the Board of Directors for approval. I will then be notified of the Board's Action. At a later time an Interview Date will be scheduled by the Membership Director and the new Member and family will have to attend an Interview Session.

\_\_\_\_\_  
Signature of New Member

### OFFICIAL NOTARY SEAL AND SIGNATURE REQUIRED

\_\_\_\_\_  
Signature of Member Requesting Transfer                      Date

### NOTARY

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Enclosed is Certificate Number \_\_\_\_\_ that I request a refund for.  
 (If the member was a holder of a Certificate, it is no longer transferrable with the membership)

**Remember: Regardless of intent to transfer, dues must be paid by the March 1<sup>st</sup> Deadline.**