

BELAIR BATH & TENNIS
P.O. Box 486
Bowie, Maryland 20718
www.bbtbowiemd.com

REQUEST TO SELL MEMBERSHIP

Membership Name:

Membership Number:

This is to notify you that we wish to sell our membership, effective _____.

Please send the refund check of our membership bond, less the \$25.00 transfer fee*, to:

If you have any questions, you may contact me at: _____

I understand that it usually takes 10-15 days to process this request and I will be notified if there will be a delay.

Sincerely yours,

*If this request is submitted after May 1st and my dues have not been paid, I understand that a late fee may also be deducted from my refund check. If this request is submitted prior to August 15th and I have paid my dues, I may be entitled to a pro-rated refund of my dues.

THIS FORM MUST BE MAILED TO BELAIR BATH & TENNIS

If you have any questions regarding this form, please contact Carole Schmidt at 301-262-9271, ext. 2