



Newburgh Swim Club  
P.O. Box 531073  
Livonia, Michigan 48153-1073

I/We would like to sell our membership effective:

Effective date of sale: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Membership Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Please mail membership bond refund check to the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of both husband and wife or other two adult owners of this membership are required in order to complete sale request.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Club use only:

Check Number:

Amt:

Check Date:

\_\_\_\_\_