



SPOTSWOOD COUNTRY CLUB
MEMBERSHIP CATEGORY CHANGE REQUEST FORM----**PLEASE PRINT**

Date submitted _____

Member Last Name _____

Member First Name _____

Membership Number _____

Current Membership Category _____

Requested New Membership Category _____

Alternate New Membership Category _____

Signature of Member _____

Phone Number: _____

Received By: _____

Date Received: _____

Time Received: _____