

DATE _____

Burton Hollow Swim and Racquet Club
P.O. Box 530902
Livonia, MI 48153-0902

Selling Membership Commitment Form

Name: _____

Address: _____

Phone: _____

Alt Phone: _____

Email: _____

Current Member Number _____

Signature of Seller _____

Please print and return one copy of this form to our PO Box

Membership @
BHSC
PO BOX 530902
Livonia, MI 48153-0902

Do Not Send Form to Club. You will be contacted upon receipt of form and we will promptly take care of your request