



Member Name: _____

Member Number: _____ Date: _____

Change of Status Checklist

| | | | |
|------------------------------------|-----------------|-----|----|
| Resignation: | Effective date: | | |
| Reason for change: | | | |
| | | | |
| Wish to remain on Club Email list? | Yes | No | |
| | | | |
| Scheduling System Blocked? | Yes | No | |
| | | | |
| Hand-Scanner Access Deactivated? | Yes | No | |
| | | | |
| Accounting personnel notified | Yes | No | |
| | | | |
| Inactive: | Effective date: | Yes | No |
| Reason for change: | | | |
| | | | |
| Scheduling System Blocked | Yes | No | |
| | | | |
| Accounting personnel notified | Yes | No | |
| | | | |
| Re-Activate: | Effective Date: | | |
| | | | |
| Scheduling System Activated | Yes | No | |
| | | | |
| Accounting personnel notified | Yes | No | |