



# GOLF CLUB AT CHELSEA PIERS CHANGE FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Member # \_\_\_\_\_

Email \_\_\_\_\_ Social Security # \_\_\_\_\_

### Complete only the section(s) you are changing

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### BILLING ADDRESS (If different from mailing address above)

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PAYMENT METHOD (Choose either Credit Card or Checking Account)

CREDIT CARD:  Amex  Discover  MasterCard  Visa

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Credit Card Number

		/		
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Expiration Date



### OR Checking Account: (You must attach a voided check)

Bank Name \_\_\_\_\_

Bank ABA # \_\_\_\_\_ Account # \_\_\_\_\_

Check the box if you would like **confirmation of receipt** sent to the email address listed above. If you do not receive a confirmation within 3 days upon submitting your request, please contact Member Services at 212.336.6400.

I hereby authorize the Golf Club to charge this method of payment in accordance with my membership agreement.

Member/Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX TO MEMBER SERVICES AT 212.336.6410 FOR IMMEDIATE PROCESSING.**