

**CARDINAL HILL SWIM AND RACQUET CLUB**  
**P.O. BOX 190 VIENNA, VIRGINIA 22183**  
**EMAIL: CHSRCVIENNA@CHSRC.COM**  
**PHONE: 703-938-0858**

**MEMBERSHIP REDEMPTION REQUEST**

**MEMBER INFORMATION**

Last Name:	First Name:	Member ID:
Home Phone:	Cell Phone:	
Current Address:		
City:	State:	ZIP Code:
Email:		
New Address (if applicable):		
City:	State:	ZIP Code:

**REASON(S) FOR REDEMPTION**

- No Longer Using Club       Moving Out of Area       Renovation Assessment
- Selling Home - buyers will be purchasing membership (please include name and phone of purchasers if available):
- Selling Home – buyers will not be purchasing membership
- Other – please specify

**SIGNATURE**

Please redeem my membership in Cardinal Hill Swim and Racquet Club. I realize that refund of my membership fee is based on the club's ability to sell my membership. I will allow up to 90 days for processing of this redemption. I waive all future claims against the Club.

**Signature of primary member:	Date:
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**\*\* Form must be sent with original membership certificate OR signature must be notarized below.**