

MEMBERSHIP TRANSFER FORM

CAMP DELTON CLUB, INC.
E10305 XANADU RD.
WISCONSIN DELLS, WI 53965

608-254-8361

DATE: _____

SITE # _____

I WISH TO TRANSFER MY MEMBERSHIP. ANY DUES, ASSESSMENTS, FINES, OR OTHER FEES AND AMOUNTS OWED TO CAMP DELTON CLUB, INC, PLUS A TRANSFER FEE OF \$100.00 SHALL BE PAID PRIOR TO THE TRANSFER OF THE MEMBERSHIP. STORAGE RENTALS (IF ANY) ARE NON-TRANSFERRABLE.

CURRENT OWNER:

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____

DATE

SIGNATURE _____

DATE

SIGNATURE _____

DATE

TRANSFER TO:

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____

DATE

SIGNATURE _____

DATE

SIGNATURE _____

DATE

APPROVED:

AGENT DATE