ANDERSON HILLS, INC.--2020 DUES STATEMENT

Please Return:	 Dues Statement Emergency Medical form Payment in FULL made online 	Mail to: AHSTC Becky Fugate, Treas. P.O. Box 54110 Cincinnati, OH 45254	
NAME:			
Email:			
Address:			
Phone#:			
Family Members	Date of Birth (Children	1)	
****	Has your information changed since last y	ear? YES or NO *******	
	Y PAYMENT OPTION—Payment MUST	be made on or before 2/28/2019, forms	
The Early Payn	narked by 2/28/2020, NO EXCEPTIONS nent Option is available in all three categories	of membership. Please check the appro-	
EARLY CO	AMILY DUES*: \$800.36 DUPLES DUES*: \$533.93 NGLES*: \$401.25		
REGULAR	PAYMENT OPTION Payment MUST be must be postmarked by 3/27/2020		
The Regular Pa propriate category	syment Option is available in all three category.	ies of membership. Please check the ap-	
	UES*: \$828.18 DUES:* \$552.12 : \$414.09		
	* All amounts include required	7% sales tax	

** All amounts include required 7% sales tax

** A late fee of \$107.00 will be assessed for payments postmarked after 3/27/20, no exceptions

If no payment is received by 4/10/20, your membership will be forfeited, no exceptions

MEMBERSHIP ON HOLD \$80.25

Membership on Hold for the 2020 season. I understand that pursuant to Anderson Hills, Inc's bylaws,
I/we will not be utilizing the facilities during the 2020 season and will be given the opportunity to reacti-
vate my/our membership for the 2020 season. For an active HOLD, payment of a MAINTENANCE fee is
due for the amount of \$80.25. Please contact the membership trustee for couple and single hold amounts.
Hold status is limited to one season.

RESIGNATIONS

____I/We wish to resign from the Club and understand that I/we are not entitled to a refund.