



Membership Cancellation Request Form

- All requests must be made in writing. No telephone requests.
- Cancellation requests must be received by the 9th of the month in order to be effective for that month.
- No refunds will be given (memberships may not be cancelled retroactively).
- Confirmation will be e-mailed to the address on record.

Contract Buyer's Name _____ Scan Card # _____

Student/Individual

Family (all members) – OR – Family (only members named in comments)

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Birth Date ____/____/____

Reason for Cancellation _____

Comments/Complaints _____

_____/_____/_____
Contract Buyer's Signature _____ Date

For Office Use Only

Processed by _____ Date Processed ____/____/____

Effective Cancellation Date ____/10/____

Amount Past Due \$ _____ Amount Collected \$ _____

Date Electronically Submitted ____/____/____ Submitted By _____