



NON-RESIDENT MEMBERSHIP CANCELLATION FORM\*\*\*

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Membership Number \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Please cancel my membership. I understand this form must be completed and signed by a Club Manager or Accountant prior to the 15<sup>th</sup> of the month for my membership to be cancelled effective on the 1<sup>st</sup> of the following month.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

EFT Cancellation form attached

Reason for terminating membership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Locker Key Number (if applicable): \_\_\_\_\_

Locker Key Returned (if applicable)

\*\*\*This form must be completed and signed by a Club Manager or Accountant prior 15<sup>th</sup> of the month. The cancellation will be effective on the 1<sup>st</sup> of the following month.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

MANAGEMENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

To be completed by staff:

Date Membership Changed: \_\_\_\_\_