



Membership Cancellation

Member Name: _____

Membership Type: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Reason for cancellation: _____

I understand that my membership will still be in effect until the end of the calendar year and that I am responsible for paying by membership dues and account charges in full throughout the entire year before termination of the membership can be put in place.

Name (printed): _____

Signature: _____ **Date:** _____