



MEMBERSHIP CANCELLATION FORM

This form must be completed and submitted at least 15 days BEFORE the next payment draft.

PLEASE PRINT:

First and Last Name: _____ Date: ____/____/____

Email: _____ Phone: _____

Reason for membership cancellation:

Member Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Clerk: _____ Date: ____/____/____

Membership Type: _____ Master ID#: _____

Additional Comments:

*****You can email the completed form to our Membership Director, Lindsay Wardlow, at lwardlow@dubuquey.org or come in to our front desk to fill out the form. You may cancel your membership at any time.*****