



# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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*FOR OFFICE USE ONLY*

Clerk: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Type: \_\_\_\_\_ Master ID#: \_\_\_\_\_

Additional Comments:

**\*\*\*You can email the completed form to our Membership Director, Brandi Henneke, at [bhenneke@dubuquey.org](mailto:bhenneke@dubuquey.org) or come in to our front desk to fill out the form. You may cancel your membership at any time.\*\*\***