



Silver Membership Cancellation Form

Request for cancellations must be submitted at least 15 days prior to the date of draft. Any request received after 15 days will be processed on the next month.

Primary Name on membership: _____

Other members on membership: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Current Membership Type: Family Couple Individual Senior Charter

Effective Date of Cancellation: _____

Reason:

I understand that if I cancel my membership before I have met my annual commitment date I will be charged a cancellation fee of double the monthly rate for my membership type.

Signature: _____

Date: _____

For Office Use Only:

Date Membership Started _____ Cancellation Fee Amount Charged (if applicable) _____

Cancelled by _____ Date _____