



REQUEST FOR CANCELLATION OF MEMBERSHIP

Print Member Name: _____

Date: _____

Your membership REQUIRES 30 DAYS WRITTEN NOTICE. YOU ARE RESPONSIBLE FOR ALL FEES UNTIL YOUR CANCELLATION IS EFFECTIVE. If your billing date falls within 30 days from when you send in your form you will be billed again. Cancellations will NOT be processed if your membership account has a balance. This form IS written notice.

ALL CANCELLATIONS REQUIRE A 30-DAY NOTICE*

I understand that this form is a request to cancel my membership. Further, by signing this form, I acknowledge that my membership will not be canceled if I have a past due balance of any kind.

Reason for Cancelling:

Signature of Member:

Date:

Phone Number:

Email:

For questions, please email Tripp Caldwell at tcaldwell@cornwellcenter.org or call 704-927-0774 ext 611.