

## MEMBERSHIP CANCELLATION FORM

### PRIMARY MEMBERSHIP HOLDER

Name:

Address:

City:

State:

ZIP:

Phone:

Home

Cell

Email:

### MEMBERS TO REMOVE

Name:

Name:

Name:

Name:

Name:

Cancel Kid Zone child watch pass(es)

### REASON FOR CANCELLATION

### CANCELLATION POLICY

**Cancellation of membership requires a 30-day, written notice . Membership will be terminated following this 30-day period on the 19th of the month. The date listed below on this form begins your 30-day notice period.**

*(For example, if notice was given on Feb. 1, membership will terminate on March 19.)*

**Annual memberships are nonrefundable.**

I understand that my last monthly auto debit will be on \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR INTERNAL USE ONLY

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_