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## MEMBERSHIP CANCELLATION FORM

**Cancellation Policy:** Let this serve as notice to cancel my membership. I am aware that I will be billed one more time.

Name: \_\_\_\_\_ FOB# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Membership for Self  Individual Family Member  Complete Household

If just an individual within a Family membership, please list each name to be cancelled from the membership. \_\_\_\_\_

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

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### OFFICE STAFF ONLY

#### Cancellation information:

Cancellation received by \_\_\_\_\_ Date \_\_\_\_\_

PARA location where cancellation received \_\_\_\_\_

This form must be forwarded immediately to the office responsible for the site / location where the membership is held.