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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

Child Care

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

Signature _____ Date _____

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.