Civic Center Membership Cancellation Notice



NOTE: All membership cancellations must be received by the **1**st **of the month** in order NOT to be charged for the following month. If it is after this time, the automatic payment may have already been taken. No exceptions or refunds can be made. Not using your membership does not constitute a cancellation.

Date Today:	
Primary Member Name:	
Phone Numbers: (Home)	(Cell)
Membership Package:	
Date of Membership Cancellation:	
Is the Primary Member the person paying for the me	embership? □ Yes □ No
If no, please list the person paying for the membersh	nip:
I (we) wish to discontinue my (our) membership at that upon receipt of this form by Wahoo Parks and Femember of the Civic Center and will not receive any Center membership. I (we) also understand that by the subject to the prevailing membership rates including rejoining.	Recreation, I (we) will no longer be a further benefits associated with a Civic erminating my (our) membership, I (we) will
Member's Signature	Member's Printed Name
Reason for Membership Cancellation: (please choose ON Moving Health/Medical Related Personal Financial Situation No Longer Using or Lack of Use Temporary or Seasonal Use Dissatisfaction with facility, programs, or services – P	Overall, how would you best describe your experience at the Civic Center? □ Excellent □ Good □ Fair □ Poor
For Office Use Only: Today's Date	Received By:
Tot Office use Only. Today & Date	Keceived by