



## Membership Cancellation Form

Member Name \_\_\_\_\_

Membership Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Reason for Cancellation \_\_\_\_\_

Fax Transmission Data	
To:	AFST (336) 854-7909
From:	_____
Fax #:	_____
# Pages:	_____

I, \_\_\_\_\_, at this time request Cancellation of my  
(Print Name)  
 Membership to the Adams Farm Swim & Tennis Club. I understand that by cancelling my membership, I will no longer have use of any Adams Farm facilities or programs. If I decide to rejoin at a later date, I understand that I will be assessed a Second Time Joining Fee and 1 year of dues paid in advance, as well as any dues currently in arrears at the time of my resignation.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

### Cancellation Procedure

Please fill out and return the Membership Cancellation Form before the 15th of month. Your cancellation request shall only be approved and processed if you meet the requirements set forth in your membership. This includes, but is not limited to, the return of this form and all membership cards issued. Charges and member dues incurred up to the cancellation effective date must be paid in full before membership cancellation.

<i>Office Use Only</i>			
Member Name _____	Cards Returned _____		
Membership Number _____	Balance Due _____	Initials _____	
Membership Type _____	Date Effective _____	Date _____	