



# Membership Cancellation

Name (print) \_\_\_\_\_

Membership # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Delete

I wish to delete \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
from my membership.

I understand that if I choose to reinstate this/these person(s) to my membership I will need to pay the appropriate upgrade in Initiation Fee.

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## Cancel

I wish to cancel my membership to the Sisters Athletic Club. Per my Membership Agreement, I am giving my 30 day notice and my balance is paid in full. I understand if I choose to re-join at a future date I will be subject to a new Initiation Fee.

My reason for canceling my membership is: \_\_\_\_\_

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