



Request for Membership Cancellation

To cancel your membership, a **30-day written notice is required**. Please expect one more bill before your cancellation is final. We will extend your club access for the remainder of your last billed month.

Member Name: _____

Phone Number: _____

Names of Members on Account: _____

Reason for Cancel:

- | | | |
|---|--|--|
| <input type="checkbox"/> Seasonal Residents | <input type="checkbox"/> Joined Another Facility | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Facility Offerings | <input type="checkbox"/> Can't Afford | <input type="checkbox"/> Moved out of Area |

Other: _____

Member Signature: _____

Date: _____

HCC Associate Signature: _____

Date: _____

Office Use Only

Date Entered: _____

Book Keeper's Initials: _____