

Membership Cancel Form

Name: _____ Member #: _____

Address: _____

e-mail: _____ Phone: _____

Signature: _____ date: _____

Reason for cancellation _____

**CANCEL NOT COMPLETE UNTIL YOU RECEIVE A CONFIRMATION IN THE MAIL
FORMS MUST BE RECEIVED BY THE 26TH OF THE MONTH PRIOR TO CANCELLATION
FORMS CAN BE EITHER MAILED OR DROPPED OFF IN PERSON**

ROCKNASIUM
THE CLIMBING GYM



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