

Nonprofit Membership Cancellation Form

Please print this form, fill out the details manually, and return it to our membership department via mail or hand delivery to process your cancellation.

1. Member Information

Full Name:

Membership ID Number:

Email Address:

Phone Number:

Mailing Address:

2. Membership Details

Current Membership Level (e.g., Individual, Family, Donor):

Reason for Cancellation:

3. Effective Date

Requested Cancellation Date:

4. Acknowledgement and Signature

By signing below, I request the termination of my membership and understand that any future automatic recurring dues payments will be discontinued after the processing of this form.

Member Signature:

Date Signed:

Office Use Only

Received By (Staff Name):

Date Processed:

Notes: