

# Golf Club Membership Cancellation Form

Please complete this form to request the cancellation of your golf club membership. This form must be printed, completed, and submitted to the membership office in accordance with the club's cancellation policy.

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## 1. Member Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Membership ID Number:	<input type="text"/>	Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Mailing Address:	<input type="text"/>		

## 2. Membership Details

Membership Type (e.g., Individual, Family, Corporate):	<input type="text"/>
Locker Number (if applicable):	<input type="text"/>
Bag Storage Number (if applicable):	<input type="text"/>

## 3. Cancellation Information

Requested Cancellation Effective Date (MM/DD/YYYY):	<input type="text"/>
Reason for Cancellation:	<input type="text"/>

## 4. Terms and Acknowledgements

Please review and acknowledge the following terms by writing your initials in the boxes provided:

- I understand that cancellation requests require a 30-day notice period as per the membership agreement.
- I agree to pay any outstanding balances, including account charges and monthly dues, prior to the effective cancellation date.
- I understand that all club property (e.g., locker keys, bag tags, cart decals) must be returned to the main office.

## 5. Authorization and Signature

By signing below, I formally request to terminate my golf club membership and acknowledge that I have read and accepted the terms of cancellation.

Member Printed Name:	<input type="text"/>
Member Signature:	<input type="text"/>
Date (MM/DD/YYYY):	<input type="text"/>

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## Club Administration Use Only

Date Form Received:	<input type="text"/>
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Processed By (Staff Name):	<input type="text"/>
Outstanding Balance Cleared (Yes/No):	<input type="text"/>
Locker/Bag Storage Cleared:	<input type="text"/>
Manager Signature:	<input type="text"/>