



## MEMBERSHIP CANCELTION REQUEST FORM

**Note: All cancellation requests must be reviewed and approved by a member of the BOARD OF DIRECTORS before becoming effective.**

### LVSC Cancellation Policy:

Membership may be cancelled at any time by giving notice, via the Membership Cancellation Request Form, by the 10th of the month preceding the cancellation month as outline in the Las Vegas Swim Club Membership Agreement. Automatic dues payment will not cease if notice is given after the 10th of the month. Verbal or Email communication of a membership cancellation will not be accepted.

### SECTION 1: TO BE COMPLETED BY MEMBER, PARENT or GUARDIAN

Today's Date: \_\_\_\_\_ Member(s) Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Cancellation of Membership: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 2: TO BE COMPLETED BY MEMBER of the BOARD OF DIRECTORS

Member Since: \_\_\_\_\_

Cancellation Request Date: \_\_\_\_\_ Final Dues Payment Date: \_\_\_\_\_

Final Practice Date: \_\_\_\_\_

I have spoken with the member, parent or guardian and discussed cancellation policies and procedures BOD  
Signature: \_\_\_\_\_

### SECTION 3: SIGNATURE

I, \_\_\_\_\_, acknowledge that the cancellation policy and procedures have been explained to me, and I understand if I did not give notice by the 10th of the previous month that I will be charge a final dues payment on the 1st of \_\_\_\_\_. Members may continue to participate in practice during months in which dues is paid.

Member/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_