**Atkinson Pool Membership Cancellation Form**

To: Atkinson Pool Aquatics Director Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to cancel my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ membership.

 (Print Name) (Type of Membership)

I understand that if I have a monthly membership and do not deliver this form to the Atkinson pool within a week’s notice, that I may be charged for the following month. If this occurs, I understand that I will have access to the pool until the end of the charged month.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street Address) (City & Zip Code)

If there is a problem, please contact me at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Email or phone number)