



MEMBERSHIP Cancellation Notice

I, _____, wish to cancel my membership with Hilliard Parks and Recreation. I understand that in accordance with the terms and conditions of my membership agreement with the Hilliard Parks and Recreation Department, I am exercising my right to cancel my membership. **I understand there is a 30 day period before the cancellation becomes effective and my account will be drafted to cover the cancellation period.**

I am choosing to cancel for the following reason(s):

- Financial
- Medical
- Time
- Other _____

Member Signature

Date

Director Signature

Date