

CFHL Membership Cancellation Request

Date: _____

Name: _____

DOB: _____

Day phone: _____

Cell: _____

E-mail address: _____

Is membership paid by payroll deduction?

YES

NO

Reason for cancellation: _____

Date you want membership to end: _____

Signature: _____ Today's Date: _____

OFFICE USE ONLY
CFHL staff:

Date received: _____

Amount Due: _____

Cancellation entered and refund/cancellation fee processed by: _____