



**Thirty (30) Day Cancellation Notice**

Date: \_\_\_\_\_

Primary Member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Keychain Barcode #: \_\_\_\_\_

Please cancel my membership per the Membership Agreement terms. I understand the notice to cancel is thirty (30) days and as such an additional monthly fee may be drafted from my checking or savings account if this notice is less than thirty (30) days from the next draft date (15th or first banking business day after the 15th). I understand that if the previous month's draft was returned that it may be added to any draft due.

**SELECT ONE OF THE OPTIONS:**

- Cancel ALL members on membership: \_\_\_\_\_
- Cancel ALL members on membership EXCEPT: \_\_\_\_\_

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- Cancel ONLY \_\_\_\_\_ and leave ALL other members active on membership.

Reason for cancellation: \_\_\_\_\_

\_\_\_\_\_  
Primary Member's Signature *Note: Form must be completed by primary member only.*

Form must be dropped off in person at 47 W. Jackson St., Cicero, IN or mailed via U.S. Certified Mail to P.O. Box 347, Cicero, IN 46034-0347

47 W. Jackson Street  
P.O. Box 347  
Cicero, IN 46034-0347  
(317) 984-3399

<b><u>OFFICE USE ONLY</u></b>
Primary Membership #: _____
Member #: _____
Receive Date: _____
Last Draft Date: _____