



**WATAUGA COUNTY
PARKS & RECREATION**

FOR OFFICE USE ONLY

Date: _____

Staff: _____

Effective Date: _____

Manager: _____

Membership Cancellation Form

(A minimum of 15 days is required for cancellation)

Name: _____ Requesting cancellation date: ____/____/____

Address: _____

Phone number: _____

Circle which membership you are canceling

Individual

Household

Senior

Youth

Reason for Cancellation: _____

Additional Comments: _____

Signature: _____ Date: ____/____/____