



CFHL Membership Cancellation Request

Please print

Date: _____

Name: _____

DOB: _____

Day phone: (____)_____

Home (____)_____

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:

Furnish above member's Sybase # _____ and put into yellow membership folder.

Membership Coordinator completes info below

Date received: _____

Amount Refund Due: _____

Cash Register Paid out receipt # _____

Date Parked Invoice processed (if refund due) _____

Member notified check will be sent from State of NE 7-10 business days ____ e-mail ____ phone

Cancellation entered and refund processed by: _____