



Membership Request for Refund/Extension

*Refunds/extensions for memberships will be calculated from
March 16, 2020 and prorated accordingly.

Name: _____

Address: _____

Town/City: _____

Postal Code: _____

Phone: _____

Email: _____

Please Check One of the Following:

_____ Membership Refund or _____ Membership Extension

Reason for refund/extension request:

STAFF ONLY SECTION

For Refunds

Amount Refunded: _____

_____ Credit on Account OR _____ Cheque Request (Check One)

For Extensions

Membership extended to: _____

Supervisor Authorized by: _____

Processed by: _____