



MEMBERSHIP CANCELLATION FORM

In accordance with the Membership Agreement between Magnum Shooting Center of Colorado Springs, LLC (“Magnum”) and the below listed Member, if the Member wishes to terminate his/her/its membership, the Member must complete this form and provide it to Magnum along with all membership cards.

(Name of Member) _____
(Membership #)

(Street Address)

(City) _____
(State) _____
(Zip Code)

(Phone Number) _____
(Email)

Reasons for terminating membership:

****ALL MEMBERSHIP CARDS MUST BE RETURNED WITH THIS COMPLETED FORM****

By completing and signing this form, the Member is terminating its membership in accordance with Paragraph 7 of the Agreement and shall be effective on the last day of month in which this completed form is tendered to Magnum along with all membership cards. As consideration for Magnum agreeing to cancel the Member’s membership, Member hereby releases Magnum from any and all claims liabilities, and damages of any kind whatsoever up to the date and time Member signs this form.

(Signature) _____
(Date)

(TO BE COMPLETED BY MAGNUM EMPLOYEE)

(Name of Magnum Employee Accepting This Form) _____
(Date)

(Signature of Magnum Employee Accepting This Form)

EMPLOYEE CONFIRMS ALL MEMBERSHIP CARDS WERE RECEIVED FROM MEMBER