



Cancellation Request

Please complete this form and return to Member Solutions.
If more than one member, complete one form for each member.

Account Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-Mail: _____

Mail this form to:
Member Solutions
PO Box 705
Jenkintown, PA 19046
Phone: 888-277-4408
FAX: 267-287-1101
customerservice@membersolutions.com

CANCELLATION POLICY:

Members may cancel their membership by giving **Member Solutions** appropriate written notice as outlined in your original membership agreement. It is important to e-mail, fax or mail your cancellation notice to **Member Solutions** in a timely manner.

Signature

Date