



Membership Cancellation Request Form

Please fill out this form completely and send it back via email to memberservices@libertyrange.com or fax to 970-578-0722 and we will get back to you within 72 hours. Thank you!

Liberty Firearms Institute Cancellation Policy:

A member may cancel their membership at any time and are required to provide a *written notice* for the cancellation to take effect. If the membership has been utilized within the last 30 days one final payment of monthly dues will be charged. Memberships are paid on a monthly basis, and as such, no refunds will be issued for initiation fees or partial months. A Member must be in good standing and current with membership dues at the time of the cancellation request.

Section 1: To be completed by Member:

Full Name (Printed): _____ *Primary Account Holder* **Member Number:** _____

I, _____, give Liberty Firearms Institute the authorization to cancel my membership. I acknowledge that the cancellation procedures have been explained to me and understand that I will be charged one final payment if I have utilized my membership benefits during the past 30 days.

Member Signature: _____ *Primary Account Holder* **Today's Date:** _____

Reason For Cancellation:

Section 2: To Be Completed by Staff Member

Please note that this is a written notice and potentially one more payment may be drafted dependent on whether or not the membership has been utilized in the last 30 days. Based on your membership use and billing cycle, your final payment will be/was on _____,

Cancellation Authorized By: _____ **Date of Cancellation:** _____