



221 Victoria Drive  
Delanson NY 12053  
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## Membership Termination Form

Name \_\_\_\_\_

Membership # \_\_\_\_\_ Membership Type \_\_\_\_\_

I \_\_\_\_\_ give the DACC my 30 day notice of termination of my membership as of (today's date) \_\_\_\_\_ and the termination date of \_\_\_\_\_ . My reason for termination from the DACC is \_\_\_\_\_ . I understand that once I terminate my DACC membership there is a 60 day window to return as a member without having to repay a joiner fee.

Sincerely,

Member Signature: \_\_\_\_\_

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Office use only

Date Received: \_\_\_\_\_

DACC Membership Coordinator Signature: \_\_\_\_\_