

CONFIDENTIAL

Oak Brook
Park District

A National Gold Medal Agency



MEMBERSHIP CANCELTATION REQUEST

Last Name (print) _____

First Name (print) _____

Home Number _____ Cell Phone _____

Email _____

I am requesting the Oak Brook Park District cancel my membership.

Billing Date: _____

This request must be received 30 days prior to credit card draft date.

Received date _____, 20____

Membership Termination Date _____, 20____

Reason for membership cancelation:

Member Signature _____ Date _____

Please do not write below this line. For office use only.

Oak Brook Park District Representative Name (print) _____

Oak Brook Park District Representative Signature _____

Date _____

Supervisor Signature: _____ Date _____

Oak Brook Park District Family Recreation Center | 1450 Forest Gate Road | Oak Brook, IL 60523
Phone: 630-990-4233 | Fax: 630-990-8379

Oak Brook Tennis Center | 1300 Forest Gate Road | Oak Brook, IL 60523
Phone: 630-990-4660 | Fax: 630-990-4818
www.obparks.org