



KAILASAPURAM CLUB, BHEL TOWNSHIP, TRICHY – 14

(MEMBERSHIP CANCELLATION FORM)

1. NAME OF MEMBER :
2. STAFF NO :
3. MEMBERSHIP ID :
4. DESIGNATION / DEPT :
5. PHONE NO. AUTO :
MOBILE:
6. ADDRESS :

I want to Cancel my Membership of KC or Membership of Multi-Gym (Tick whichever is applicable)

Due to the following Reason:

Any Feedback/suggestion to improve the club facility.

Place:

Date:

Signature of Member

For Office Use

No dues to be obtained from

Library/KC:

Signature of Staff

Sports Facility / KC:

Signature of Staff

Accounts / KC:

Signature of Staff

Request Accepted / Rejected

Signature of Secretary

Comment: