

Request of Non-Renewal Form

Account Information - Contact Details

Membership ID#:.....
Member Name:.....
Address:.....
City:..... State:Zip:.....
Phone Number: (.....) -
E-mail:.....

Request of Non-Renewal

Reason (*Please choose from the options listed below*):

- Completed Contract
- Relocation (Documentation may be required)
- Medical (Documentation may be required)
- Financial Hardship (Documentation may be required)
- Other, Describe:

Please Note:

If you are submitting more than one Request of Non-Renewal to ATF Black Belt Academy, you will need to submit a separate Request of Non-Renewal for each membership.

You will receive confirmation e-mail once we have received your request via Certified USPS mail. Once we have received your request, please allow 72 hours for processing the "Request of Non-Renewal" of your membership. You will be contacted if further information is needed to process your request.

By completing and signing this form, I verify that I have read and agree to all Terms and Conditions for "Request of Non-Renewal" of my membership with ATF Black Belt Academy. To review Membership Terms and Conditions, please refer to your membership agreement.

You MUST submit this form via Certified USPS mail to:

ATF Black Belt Academy
c/o Request of Non-Renewal Dept.
P. O. Box 34372
Las Vegas, NV 89133

Member Signature:..... Date: