

# CONEJO SIMI SWIM CLUB MEMBERSHIP TERMINATION REQUEST

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Coach:** \_\_\_\_\_

The following swimmer(s) below will be terminating their current membership with Conejo Simi Swim Club effective this date. The date I receive a confirmation e-mail from CSSC or the cancellation date of the postage for this letter (if mailed) card will serve as the official date of notification. I understand that CSSC requires a notification of 15 days prior to the first day of the month in which I wish to terminate, but I am still financially responsible for the payment of club dues and any fees incurred past or present for the remainder month. I also understand that termination of my membership will disallow my participation in any official CSSC events.

Please list all swimmers terminating their membership with Conejo Simi Swim Club

**Swimmer Name:** \_\_\_\_\_ **Swimmer Name:** \_\_\_\_\_

**Swimmer Name:** \_\_\_\_\_ **Swimmer Name:** \_\_\_\_\_

Please indicate your reason(s) for terminating membership:

<input type="checkbox"/> Did not like swimming	<input type="checkbox"/> Moving	<input type="checkbox"/> Joining another club
<input type="checkbox"/> Schedule conflict	<input type="checkbox"/> Too crowded	<input type="checkbox"/> Other
<input type="checkbox"/> Issues with CSSC program	<input type="checkbox"/> Facility issues	
<input type="checkbox"/> Dropping the sport	<input type="checkbox"/> Too expensive	

Use this space to write additional notes:

OFFICIAL USE ONLY
Date Received:
Date Terminated:
Outstanding Funds Owed:

Please e-mail this form to: [membership@csaswim.com](mailto:membership@csaswim.com)  
or mail via USPS to:

**CONEJO SIMI SWIM CLUB  
P.O.BOX 1819  
THOUSAND OAKS, CA 91358**