LIBERTY FIREARMS INSTITUTE MEMBERSHIP CANCELLATION REQUEST FORM

Please fill out this form completely and send it back via email to MemberServices@LibertyRange.com or fax to 970-578-0722 and we will email a confirmation receipt for your records within 48 hours.

Liberty Firearms Institute Cancellation Policy:

Billing authorization will remain in effect until it is cancelled in writing. Members are required to provide a written notice for the cancellation to take effect. If the membership has been utilized within the last 30 days one final payment of monthly dues will be charged. Memberships are paid on a monthly basis, and as such, no refunds will be issued for initiation fees or partial months. LFI reserves the right to increase the monthly or annual fee and will provide 30 days notice to all members regarding any such change in pricing. In addition, LFI reserves the right to modify hours of operation for any reason whatsoever including but not limited to: observed holidays, unforeseen weather conditions, staffing conflicts, and/or any other reason LFI deems valid without credits given. A Member must be in good standing and current with membership dues at the time of the cancellation request.

Those seeking to return as members will need to pay back dated monthly dues or a new initiation fee; whichever is the lesser amount at the time. Any existing store loyalty points were dissolved at cancellation. No training voucher will be given on return memberships with initiation fee discount greater than 10% off. There is a $10 fee for each new membership card. Must begin a new store loyalty account.

Section 1: To be completed by Member:

Full Name (Printed): _____ *Primary Account Holder* _____ **Member Number:** _____

I, _____, give Liberty Firearms Institute the authorization to cancel my membership. I acknowledge that the cancellation procedures have been explained to me and understand that I will be charged one final payment if I have utilized my membership benefits during the past 30 days.

Member Signature: _____ **Todays Date:** _____/_____/_____
Primary Account Holder

Reason For Cancellation:

_____

_____

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Section 2: To Be Completed by Staff Member

Please note that this is a written notice and potentially one more payment may be drafted dependent on whether or not the membership has been utilized in the last 30 days. Based on your membership use and billing cycle, your final payment *will be / was on* _____/_____/_____.

Cancellation Authorized By: _____ Date of Cancellation_____/_____/_____