



## Membership EXIT Form

Submit to [membership@buddings.ca](mailto:membership@buddings.ca) by the 15<sup>th</sup> of the month, to cancel at the end of the month.

Child(ren)'s Full Names: \_\_\_\_\_  
Guardian's Full Name: \_\_\_\_\_  
Requested Exit Month: \_\_\_\_\_  
Centre(s) Affected: \_\_\_\_\_

By submitting this form, I agree to end my membership with Buddings Daycare as follows:

Cancel my account access, on the 1st of Requested Exit month.

Use the centre until the end of the month. Unused hours forfeited.

No more membership fees.

Outstanding invoices billed to the card on file on 2nd of next month, and removed.

Cancel my membership immediately. Remove me from all billing.

All my invoices have been paid. Please confirm.

Account terminated immediately.

Unused hours forfeited.

All members receive an annual tax summary via email before the end of February.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Optional Reason for change: \_\_\_\_\_