|  |  |
| --- | --- |
|  | Membership  Suspension or Cancellation  Form |

|  |  |  |
| --- | --- | --- |
| Date: |  | |
| Name: |  | |
| Request | Suspend | Cancel |
| Effective: |  | |
| Return Date: |  | |
|  |  | |

This submission will suspend or cancel tuition charges for the listed time. If my return will be later than listed, I will contact WTMA immediately or know that tuition charges will resume.

Note: if this is a cancellation, the effective date must be at least 30 days from the date submitted. If this overlaps a payment, you will be responsible for that payment. (i.e. dated Jan 15 but payment is due Feb 1, payment is required to end on Feb 15).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(parent or guardian, if student is under 18 years old)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_