

Halecrest Park, Inc.
3107 Killybrooke Lane Costa Mesa, CA 92626
Phone: (714) 557-7234 Fax: (714) 557-7194

MEMBERSHIP RESIGNATION FORM

Name: _____

Address: _____

Phone: _____ Cell: _____

To: Halecrest Park Inc. Board of Directors

Please accept my resignation effective _____. I understand that my resignation will be considered upon completion of the first year of paid membership (The first 12 consecutive months of membership from the date joined). I also understand that there is a one year waiting period before I can reinstate my membership.

Reason for resigning:

Membership accounts with outstanding balances must be paid in full prior to resignation. Any member that has an outstanding balance for membership dues or any other monies owed Halecrest Park, Inc. will be referred to a collection agency.

Balance on membership dues: _____ Other charges: _____

Verified by Halecrest Management _____ Date: _____

Key(s) returned: # _____ # _____ Key log has been noted: _____

Note: All keys must be returned in order to officially cancel membership and change status from active to inactive. Member acknowledges his obligation to continue paying monthly membership dues until all keys, that were issued, are returned to Halecrest.

Member's signature: _____ Date: _____

Halecrest Park Management Only:

Membership Status: Good: _____ O/S Balance (payments): _____ O/S Balance (in collections): _____
Changed Name: T-: _____ Put RTD next to Keys: _____ Resigned Date: _____ Type Member Resigned: _____
Take Key off Address: _____ Zero Balance: _____ Print Statement: _____ Take off Memorization: _____