

MEMBERSHIP RESIGNATION FORM

Full Name: _____

Telephone: _____

Mailing Address: _____

City, State, Zip: _____

Please cancel my membership to LaSalle Golf and Country Club as of ____/____/____.

Signed by

Please enclose any balance owed to LaSalle Golf and Country Club with this Resignation Form and return to the address below:

Return To: LaSalle Golf and Country Club
P.O. Box 2736
Jena, LA 71342

Please check box if you had
had a golf cart shed
Shed Number: _____