

***University Scholars Association
Pacific Lutheran University***

Membership Cancellation Form

Please discontinue my membership in the University Scholars Association.

Member Name _____ Department _____

PLU ID# _____ for payroll records

Address _____ City _____ State _____

Home Phone _____ Department ext. _____

I authorize the University Payroll Supervisor to cancel my monthly deduction for USA dues from my monthly pay.

Signature _____ Date _____

My reason for cancellation (*optional*) : _____

OPTIONS FOR SIGNING:

- Sign electronically
- Print out, sign manually, and scan as PDF

RETURN THIS APPLICATION via email to uhouse@plu.edu.

USA Board Record keeping only

Removed from dues list (treasurer)

Removed from email address book (secretary)

Removed from membership database (secretary)