

Future CX Date _____

(Cancellation is effective at time of processing unless a future date is requested.)



HH# _____

Membership Cancellation Request Form

Name: _____

Date of Birth: _____

Best Phone: _____

Email: _____

Thank you for being a member of the Community Recreation Center. We hope that you've had a positive experience

Cancel ALL members on this membership
(Cancellation Fees may apply for a membership duration shorter than 12 or more consecutive months ...ask CSR)

Cancel only specific member(s) (Use Change Form)

Reason for Cancellation: (Check all that apply.)

- Relocation/Moving ¹
- Medical/Health Reasons ²
- Unsatisfactory Service ³
- Deceased
- Not Using Facility
- Financial Hardship
- Hours of Operation ³
- Other ³
- Military Deployment ¹
- Unsatisfactory Facility ³
- Corporate Change ³

¹ If moving, forwarding address: (Attach copy of proof of address change or deployment papers.)

Address: _____ City: _____ State: ____ Zip: _____

² Explain physical/medical limitation: (Attach copy of documentation)

³ Please explain the reason(s) for dissatisfaction:

What could we do to encourage you to maintain your membership or to rejoin in the future?

I understand that to cancel this membership I must complete this form by the **6th of the month** to stop payment for the following month's draft. (This is a **minimum 30 day notice for cancellation** per the contract terms of agreement.)

I understand and agree to pay any dues owed or cancellation fees required per the contract terms to stop my billing.

I understand and agree that this cancellation will be **effective at time of processing** unless I request a future date above.

Member Signature _____ Date _____

Please allow 7-10 days for processing.

FOR CSR STAFF/OFFICE USE:

Received by CSR Staff: _____ Date of Request: _____ Pass Exp Date: _____

Type of pass to be CANCELLED: Annual: Family Dual Adult Youth Young Adult Senior Senior Dual Military FH Add On
 Silver Sneakers Silver&Fit RenewActive MRD Staff Child Watch **3 Month** Adult Senior Youth

Membership active for 12+ consecutive months? YES NO Delinquent/Past Due _____ months MRD Employment Terminated

Original Contract Filed In: PIF MRD Staff Silver Sneakers Silver&Fit RenewActive Installment Corporate _____

Paperclip this form to Membership Contract. Attach CX Receipt if applicable. Give to Lead CSR for processing.

Early Termination Fee: \$100 (Family) \$75 (Dual) \$50 (Individual/Young Ad/Military/FH Add On) \$25 (Youth/Senior/Child Watch) \$20 (Locker)
 Paid by Rcpt# _____ Waived

Partial Refund: \$ _____ Explanation: _____

Processed by Lead CSR: _____ Date Completed: _____ **Staple processed form to Membership Contract. Give to Tracie for Review.**

Pd in Full Balance Due \$ _____ Note in HH Tickler Excel Spreadsheet Reviewed by Tracie: _____