



Membership Cancellation Request Form

Date: _____

Name(s) of member(s) to be cancelled: _____

Membership Type: _____

Phone Number: _____ Email: _____

Reason(s) for Cancellation:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Insufficient Usage | <input type="checkbox"/> Relocation | <input type="checkbox"/> Unsatisfactory Service |
| <input type="checkbox"/> Over Crowded | <input type="checkbox"/> Medical | <input type="checkbox"/> Joined other Facility |
| <input type="checkbox"/> Unsatisfactory facility | <input type="checkbox"/> Financial | <input type="checkbox"/> Other: _____ |

(If unsatisfactory facility or service, please comment below on what we can do to improve these areas.)

Cancellation Terms (Please initial by each term)

____ All Cancellation requests must be submitted to Mary Liz Jayne two weeks prior to your renewal date. If cancellation form is not received, next month's payment will be processed.

____ No refund will be given for the month in which you cancel your membership and your membership will still be valid until the last day of the month.

____ Community Park and Fitness is authorized to charge my financial institution for any remaining balance there may be on my account.

Member Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Office Use Only

Cancellation Effective Date: _____ Processed by: _____