



# Membership Cancellation Form

To be filled out by member

**PRINT NEATLY**

Scan #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
number street apt.# city state zip

Phone # \_\_\_\_\_ Email \_\_\_\_\_

(THIS FIELD IS REQUIRED FOR RECEIPT CONFIRMATION)

**Why are you canceling your membership?**

- moving
- medical reasons
- financial reasons
- dissatisfaction (please explain) \_\_\_\_\_
- leaving job
- lack of use

**What areas of interest can we change to better serve our members:** (please check all that apply)

- group fitness classes
- cardio equipment
- free weights
- strength training machines
- locker rooms
- personal training
- swim lessons
- indoor pool
- outdoor pool

Explain: \_\_\_\_\_

(1) I understand that all membership/locker cancellations are effective at the end of the month and to cancel my membership a signed written notice must be received by the 20<sup>th</sup> day of the last month membership is desired. The termination of my health club membership/locker will be effective the last day of \_\_\_\_\_ (month/year).

(2) If I choose to rejoin the clubs up to (1) year after cancellation of my membership, I will be charged an additional fee to rejoin. Special Consideration will be given for approved employment leave, house staff rotations and medical reasons.

Do you have a locker? \_\_\_\_\_ if yes, locker # \_\_\_\_\_

One day after your expiration date your belongings in the rental locker will be disposed of.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CCRP use only**

Staff Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

Whittier Garage Key? \_\_\_\_\_ if yes, returned key? \_\_\_\_\_

Payment Type: \_\_\_\_\_ Employee ID # \_\_\_\_\_

MB: \_\_\_\_\_ Locker: \_\_\_\_\_ Billing: \_\_\_\_\_

Notes: \_\_\_\_\_