Membership Cancellation Request Form

H/HID:_____ Submittal Date_____

Last Name:_____ Phone #:_____

List All Names Affected:_____

Home Address:_____ City:_____

Membership Type:

☐ Single ☐ Couple ☐ Family ☐ Youth ☐ Senior ☐ Track

Method of Payment:

☐ Full ☐ EFT ☐ Install Bill

Reason For Cancellation

Mark (x)

☐ Moving more than 25 miles from **ARC Fitness Center.**
(new license, letter with new address, moving or sale papers must accompany this form)

☐ Written advice of physician.
(Note from physician must be attached.)

☐ Other _____

EFT/Install Bill Perpetual Membership Only

☐ EFT/Install Bill membership has been active for over 1 year.

Membership start date: _____

Reason For Discontinuation of EFT: _____

_____

* Penalty for Cancellation Prior to 1 Year Commitment Completion is 2 Months Fees *

All requests need to be made prior to the 20th of the preceding month.

Membership CANNOT be cancelled for lack of facility use!

_____ _____ _____
Member Signature Date Staff Initials

OFFICE USE ONLY

Refund Approved Yes Pro-rated No (reason) _____

Program Amount Paid _____ Refund entered by _____

Number of Months Completed _____ Date Entered _____

Total Refund _____ Supervisor's Initials _____