



## Membership Cancellation/Suspension 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/Suspension Request

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.)

Suspension Request (Min. 1 month; Max 3 months)

(Copy of Airfare, Lodging, Tickets, etc.)

### 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 \_\_\_\_\_