



Membership Cancellation Form

Name: _____

Email: _____ Phone Number: _____

Membership Type: _____

Reason for Cancellation:

- Relocation
- Medical
- Financial
- Scheduling Conflicts
- Displeasure (please explain below)
- Other (please explain below)

Comments: _____

I hereby request to cancel my membership with the Mckendree Metro Rec Plex effective on _____ (insert date). I understand it takes up to 30 days to cancel a bank draft or charges to my credit card. I also understand that any enrollment fees are nonrefundable.

Signature (of primary member): _____ Date: _____

FOR OFFICE USE ONLY			
Date Received	_____	Date Terminated	_____
Staff Initials	_____	Staff Initials	_____