Wellness Center Membership Cancellation

Account Holo	der Name:			
Address:		City:		
State:	Zip:	Email:		
Current Mei	mbership Type: _			
Effective Da	te of Cancellation	1:		
	-	cancellation forms need to be submitte th for changes to take place prior to the	-	
• There is no refund for cancelling a membership in the middle of the month.				
• The mem	• The membership joiners fee will reapply after 6 months.			
• Members	Membership pauses for up to 3 months a year are available.			
eligible fo	, ,	grams are for members only. Patrons ograms such as camps, youth sports, a ation.		
Reason for	Cancellation:			
Signature:			Date:	
		Staff Use Only		
	Initial	l and date each box as action is taken		
		Auto-billing Off		

