



MEMBERSHIP CANCELLATION FORM

*Please complete both sides and sign on the back.
This form is not valid without member & staff signatures.*

Date of Request: _____ Joined Date: _____

Membership No: _____ Membership Category: _____

Main Member Name: _____ Phone No: _____

We are saddened with your decision to discontinue your membership with us but wish you all the best! Please take a minute to answer the following questions about how we may better serve our members.

***If you are within your one-year contract of membership, you CANNOT cancel (per the Membership Application signed upon joining) unless you are:

- Moving more than 25 miles from your current location and can provide proof.
 - Example: Letter of hire for a job out of town, moving bill, lease, or utility bill with new address, etc.
- Military Deployment & can provide proof
 - Example: Deployment order documentation
- Long Term Medical Leave with 6+ months of recovery
 - Example: A letter from doctor stating inability to continue using facilities for more than 6 months

1. What are the reasons you are discontinuing your membership? **(Check all that apply)**

- | | | |
|--|---|--|
| <input type="checkbox"/> Financial reasons | <input type="checkbox"/> Child(ren) not in programs | <input type="checkbox"/> Customer service |
| <input type="checkbox"/> Job relocation | <input type="checkbox"/> Medical | <input type="checkbox"/> Joined another facility |
| <input type="checkbox"/> Programs offered | <input type="checkbox"/> Lack of time | <input type="checkbox"/> Geographical |
| <input type="checkbox"/> Moved | <input type="checkbox"/> Hours of operation: What time would be better? _____ | |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Other: (please explain): _____ | |

2. What parts of the CENTER did you utilize?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Cultural Arts | <input type="checkbox"/> Aquatic Programs | <input type="checkbox"/> Day's at the J | <input type="checkbox"/> Fitness Center |
| <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Babysitting | <input type="checkbox"/> Group Fitness Classes | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Sauna/Steam Room | <input type="checkbox"/> Water Aerobics | <input type="checkbox"/> Indoor Pool Area | <input type="checkbox"/> Personal Training |
| <input type="checkbox"/> Birthday Parties | <input type="checkbox"/> Walking Track | <input type="checkbox"/> Banquet Room Rental | |

3. Please rate the following aspects of the JCC, 1 being the LEAST satisfying and 5 being the MOST satisfying:

➤ Friendliness of Staff.....	1	2	3	4	5
➤ Quality of Programs Offered.....	1	2	3	4	5
➤ Sports & Fitness Equipment.....	1	2	3	4	5
➤ Value of Membership.....	1	2	3	4	5
➤ Cleanliness of Fitness Area.....	1	2	3	4	5
➤ Cleanliness of Locker Rooms.....	1	2	3	4	5
➤ Overall Cleanliness of Facility.....	1	2	3	4	5

See reverse side



4. Were there any programs or services you were looking for that we did not offer?

5. If such programs or services were offered in the future, would you consider rejoining?

Yes No Maybe

Please explain: _____

6. Do you have any additional suggestions on how the JCC could better serve you?

7. Comments: _____

The JCC has a 30-day cancellation policy where if a billing period falls within the 30 days, you will still be able to use the facility until the end of the following month.

I, _____, understand I am responsible for payment during the cancellation period and can continue to use the JCC facilities during this time.

I, _____, on (today's date) _____ hereby resign my membership at the JCC effective the last day of the next full calendar month following this date of notice which will be (date) _____.

Member Signature _____ **Date:** _____

We hope that one day you will choose to re-join the JCC!

Form Received By:

Staff Name (print) & Signature: _____ Date: _____

Form Processed By:

Staff Name (print) & Signature: _____ Date: _____