



Membership Cancellation

Name (print) _____ Date ____ / ____ / ____

Phone: _____

E-mail: _____

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- I wish to cancel my membership to the Sisters Athletic Club.
 - Per my Membership Agreement my balance is **paid in full**.
 - Please cancel my membership as of this date (choose one):
 - Immediately (membership will be cancelled the last day of the current month)
 - Future date: ____ / ____ / ____
 - My reason for canceling my membership is (circle one):
Moving Financial No Use Medical Other (comment below)

I understand if I choose to re-join at a future date I will be subject to a new initiation fee. This initiation fee can be waived if you rejoin within 30 days.

Signature: _____

Office Use Only:

Manager Approval _____

Hardship offered _____ Spoke to member _____

Cancel date: _____ Prorated dues \$ _____

Cancelled By: _____