



Membership Adjustment/Cancellation Request Form

(cancellation requests will be reviewed on an individual basis)

Date of Request:

Customer Name:

Date of Birth:

Phone Number:

Email:

Type of Membership:

Adjustment Requested:

Membership Adjustment Terms

*A \$6.00 processing fee will be charged for adjustments and cancellations.

*Membership holds and extensions will not be granted.

*Monthly Renewable Passes will be cancelled based on date request submitted and are not subject to cancellation fee.

*Prorated values are based on date written request received, not the last time pass was used.

Member's Signature _____

For staff use only

Staff Initials _____ **Date** _____

\$6.00 processing fee collected

\$6.00 processing fee does not apply