



MEMBERSHIP CANCELLATION FORM

Last Name: _____ First Name: _____

I.D. #: _____ Date: _____

Phone Number: (Home) _____ (Work): _____

Emory Healthcare Emory University Emory Retiree Spouse

Affiliation (Check one)

Payroll deduction Check Credit Card

Method of payment (Check one)

CANCELLATION: (Please Read Carefully)

I hereby submit this form as a thirty day written notice to cancel my membership at the Blomeyer Health Fitness Center at Emory University.

Join Date: _____ Cancellation Date: _____

- Member will be billed for a period of thirty days from date of receipt of this notice.
- Member has use of the club facilities until _____.
- This cancelation is effective only if all contractual obligations regarding payments have been fulfilled.

Member Signature

Manager's Signature

MY REASON FOR CANCELING IS:

- Medical Financial Lack of Use Relocation* Time Equipment / Amenities
- Using another Club Other _____

Please Take a moment to rate the Fitness Center (1 to 4 with 4 being best) in the following areas:

• General Cleanliness	4	3	2	1
• Maintenance of equipment	4	3	2	1
• Friendliness of staff	4	3	2	1
• Group Fitness	4	3	2	1
• Activities/Programs	4	3	2	1
• Amenities	4	3	2	1
• Facility Overall	4	3	2	1

Other comments/suggestions _____.

THANK YOU for the opportunity to serve you. We look forward to serving you again in the future.