



BLOMEYER MEMBERSHIP CANCELLATION FORM

Last Name: _____ First Name: _____

Employee I.D. #: _____ Date: _____

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

Affiliation (check one):

Emory Healthcare Emory University Emory Retiree Spouse

Method of payment (Check one)

Payroll deduction Credit/Debit

CANCELLATION: (Please Read Carefully)

I hereby submit this form as written notice to cancel my membership at the Blomeyer Health Fitness Center at Emory University. I understand my membership will end on the last day of the current month in which this cancellation is requested. I also understand I am responsible for the current month's membership fee in full and will not be billed thereafter.

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 the 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. Email this form to blomeyer@emory.edu.