



**Membership Cancellation Request**

Dear valued member,

According to the Sheltering Arms Pool and/or Fitness Center Rules and Regulations that you signed upon joining our facility:

**“There is a NO REFUND policy in place. As there is no contract, memberships can be canceled at any time and require a 30-day notice prior to next installment date. Membership hold options are available.”**

*Please complete the form below and submit all documentation to the Health and Wellness Manager. You will receive confirmation of your canceled membership once approved by management.*

**To be completed by member only**

Full Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please check the following applicable boxes

Membership type:

Adult       Family

Reason for cancellation:

Relocating       Medical Condition/Reason       Financial constraints  
 Dissatisfaction       Lack of attendance       Other: \_\_\_\_\_

Feedback and/or recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by manager only**

Membership start date: \_\_\_\_\_ Date received: \_\_\_\_\_

Approved       Not approved

Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation sent to member  YES  NO      Date: \_\_\_\_\_      Scanned into Rec Trac:  YES