

# Membership Cancellation

Today's Date: \_\_\_\_\_



## Primary Membership Information

Member ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Desired Date of Cancellation: \_\_\_\_\_

## Do you wish to cancel a supplemental membership?

Spouse/Domestic Partner: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Legal Dependent: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Legal Dependent: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

## Reason for Cancellation

☐ Non-usage   ☐ Relocation   ☐ Financial   ☐ Medical

Other (Please specify): \_\_\_\_\_

Please provide feedback regarding your experience with Campus Recreation: \_\_\_\_\_

Please attach proper documentation and payment (if applicable). Complete the information on this form and mail to:

Campus Recreation  
University of Cincinnati  
2820 Bearcat Way  
Cincinnati, OH 45221-0017

## Cancellation Policy

Memberships are non-refundable unless cancelled within three days of purchase. Cancellation during the initial one year contract will only be permitted in cases of physician verified illness and/or a move out of a 50 mile radius of UC; a \$50 service charge will apply to all early cancellations. **PLEASE NOTE: Cancellations within the one year contract will not be processed until written documentation from your doctor and/or proof of relocation is provided in addition to the \$50 service charge.**

If family members wish to continue the membership, one family member will become the primary member and will be charged accordingly.

Monthly deductions will continue past the 12th month unless Campus Recreation is notified in writing by the 15th of the month prior to the desired cancellation month. If still under contract, cancellation will not be processed unless proper cancellation fee and documentation are received by the 15th of the month prior to the desired cancellation month.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Member Services Representative (print name): _____	Date Received: _____	Member Type: _____
Final Bill Date: _____	Processed By: _____	Date: _____ CRC/FC: _____