

MEMBERSHIP CANCELLATION REQUEST FORM

Date: _____

Preferred Name *(Please print, as recognized by approved deduction organization):*

First

MI

Last

Cancellation Terms: The undersigned further expressly agrees that you understand the termination policy. If terminating a membership prior to term end, fees will apply* and no proration of contract will occur. Exceptions to early termination clause include: loss of job, death, sudden illness, moving 50 miles or more from CRCT (documentation required).

***Primary and Household Member Fees** [12-month contract early termination fee (\$75)]

***Minor Fees** [12-month contract early termination fee (\$35)]

***Non-prime membership types** [No termination fees, no contract, and immediate cancellation at month's end that the form is submitted]

Address: _____

Phone Number (Between 8 am-5pm): _____

E-Mail Address: _____

Please indicate which members you are requesting to cancel:

Preferred Name: _____ Membership Type: _____

Do you have a locker? Yes No Locker Number: _____

Please remember to remove your belongings the last day of your membership. If you do not remove your items, they will be bagged and stored at the Equipment Issue Desk for one week, then destroyed or donated.

Early Termination Dues: _____ (Please add up amount and pay today)

URec Staff will initiate the cancellation process once all balances and fees are paid.

Please continue on the next page.

Please take a moment to tell us why you are cancelling your monthly deductions (please adhere to the cancellation terms):

It is essential that we understand what members expect from our facility, programs, and services. As someone who does not intend to renew their membership, please take a couple of minutes to complete our short exit survey. Your views are invaluable to us.

- 1) What caused you to initially consider not renewing your membership?
- Change in role or career and no longer involved this area
 - Unable to actively participate
 - Retiring
 - Relocation
 - Enrollment in other fitness facility
 - Time Constrains
 - Locker availability
 - Lack of programs offered (Please specify): _____
 - Other (Please specify): _____

- 2) What would make you more likely to continue your membership?
- Offer a specific program (please specify): _____
 - Offer a child care for children under 4
 - Expand the facility hours of operations
 - Offer additional parking
 - Locker availability
 - Offer additional UFit classes (Please specify): _____
 - There is nothing that would allow me to continue my membership at this time

- 3) On a rating of 1 – 5 (1 being poor and 5 being excellent), how would you rate URec’s customer service? _____
- 4) On a rating of 1 – 5 (1 being poor and 5 being excellent), how would you rate URec’s facility overall? _____
- 5) Is there anything else you would like to share with us that may help improve the facility or your experience here?

After the duration of your contract is complete, all membership may be terminated at no extra cost. Please complete this form and **fax it to 205.996.4866** with Attn: Membership or scan it to recmember@uab.edu. If you do not hear back from us within 2 business days, follow up with Membership Services to see if we have received your form by calling 205.996.5038.

Signature of Participant: _____