



Membership Cancellation

Name (print) _____ Date _____ / _____ / _____

Phone: _____

E-mail: _____

Cancel

I wish to cancel my membership to the Sisters Athletic Club.

Per my Membership Agreement:

- I am giving my **30 day notice**
- My balance is paid **in full**.

I understand if I choose to re-join at a future date I will be subject to a new initiation fee. This initiation fee can be waived if you rejoin within 30 days.

Please cancel my membership as of this date (*must be at least 30 days from today*):

_____ / _____ / _____

My reason for canceling my membership is: _____

Signature: _____

Office Use Only:

Manager Approval _____

Hardship offered _____ Spoke to member _____

Cancel date: _____ Prorated dues \$ _____

Cancelled By: _____