

# SYNCRUDE SPORT & WELLNESS CENTRE

## MEMBERSHIP FORM

### MEMBERSHIP CANCELLATION FORM

I request that my **annual/ continuous** Syncrude Sport & Wellness Centre membership be cancelled effective 1<sup>st</sup> of \_\_\_\_\_.

I am cancelling because \_\_\_\_\_

I understand that because I am cancelling my membership:

- I will be required to pay any and all fees associated with becoming a new member/registering for courses should I decide to rejoin the Syncrude Sport & Wellness Centre.
- I will now be withdrawn from any future programs and will be required to re-register during non-member registration and at non-member rates.
- Memberships will not be cancelled until all active parking passes have been returned. If parking passes cannot be returned a \$50.00 fee per parking pass will be charged at time of cancellation to be paid at Guest Services.**
- I understand that memberships sold in conjunction with a promotion or through the Corporate Membership program are not cancellable

#### Full Pay Membership Cancellations:

- I understand that a \$50.00 administrative fee will be charged if I cancel my membership.
- If I am eligible for a refund, credit cards will be refunded to original card, all other methods of payment will be refunded by cheque (Please note there is a 6-week processing period for cheque refunds):

Make cheque payable to original payer: \_\_\_\_\_  
Send to: \_\_\_\_\_

#### Continuous Monthly Pay Membership Cancellations:

- I understand that the Syncrude Sport & Wellness Centre requires this form prior to the 1<sup>st</sup> of the month I wish to cancel in. Cancellations received after the 1<sup>st</sup> of the month will be processed the following month. No refunds are provided for continuous memberships.

Name (please print clearly): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Parking Pass Received?  YES PP# \_\_\_\_\_

NO \$50.00 - Parking Pass Charge taken?  YES  NO

#### For Office Use Only

Refund Amount (if applicable): \_\_\_\_\_ Date Processed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
Program Registration Checked?  YES  NO Membership plan: \_\_\_\_\_

The personal information requested on this membership form is collected under the authority of Section 33C of the Alberta Freedom of Information and Protection Privacy Act and will be protected under Part 2 of that Act. This information will be used in the Syncrude Sport and Wellness Centre database. If you have any questions about the collection, please contact the FOIP Coordinator, 8115 Franklin Avenue, Fort McMurray, AB, T9H 2H7 or at 780-792-5076 [1](mailto:foip@syncrude.com)