

MEMBERSHIP CANCELLATION FORM

I request that my **annual/ continuous** Syncrude Sport & Wellness Centre membership be cancelled effective 1st 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- I will now be withdrawn from any future programs and will be required to re-register during non-member registration and at non-member rates.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.

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 1st of the month I wish to cancel in. Cancellations received after the 1st 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: _____

For Office Use Only

Date Received: _____ Staff Initials: _____ Parking Pass Received? YES PP# _____ NO

Refund Amount (if applicable): _____ Date Processed: _____ Staff Initials: _____

Program Registration Checked? YES NO