REQUEST FOR CANCELLATION

(KS OR MO MEMBERS)

Your membership may be cancelled by completing this form on or before March 31st (effective April 1) of the year in which you wish to terminate. Early termination will only be accepted in the event of a member who passes away or is called to active military duty (documentation must be provided). If a member moves or is transferred (in or out of state), is involved in a divorce, becomes unable to use the facilities, etc. they are liable for dues through the remainder of the fiscal year (March 31). This request is not final until all requirements are met and verified.

Name _____ Account Number *(Office Use Only)* _____

Address *(current)* _____
Street *City* *State* *Zip*

Home Phone _____ Work Phone _____

Cell Phone E-Mail

Best **number** to call	☐ Home	☐ Work	☐ Cell
Best **time** to call	☐ Morning	☐ Afternoon	☐ Evening
Method of Payment	☐ Bank Draft (monthly)	☐ Credit Card (monthly)	☐ Annual

Please read carefully & sign:

I, _____, turn in my notice to cancel my membership with GreatLife Kansas City. I realize that if I decide to rejoin, I may be required to pay another initiation fee. I realize that I am responsible for any balance due on my account (charges & dues) through the end of the fiscal year, March 31.

Name of facility that was more frequently utilized: _____

Reason for Cancellation:

- ☐ Employer is now covering my GreatLife membership dues
- ☐ Member was called to active military duty
- ☐ Self / spouse employment transfer
- ☐ Financial situation has changed
- ☐ Unable to use membership because _____
- ☐ Join another facility because _____
- ☐ Other (please explain) _____

_____

_____ _____
Member Signature Date

Form can be hand delivered, mailed, scanned, or sent via e-mail to any GreatLife Kansas City location.
Please keep a copy for your records.

Office Use Only

_____ _____ _____
Employee who accepted cancellation (please print) Location Date

☐ Expired Account ☐ Stopped Recurring Charges ☐ Add/Drop Spreadsheet