



REQUEST FOR CANCELLATION

(KS OR MO MEMBERS)

Your membership may be cancelled by completing this form on or before February 28th (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