WELLNESSCENTER
at the United Presbyterian Home

MEMBERSHIP CANCELLATION

Please check one:

☐ Resident ☐ 55+ Community Member ☐ Employee

Name (print): _____ Date: _____

Address: _____ Key Fob #: _____

_____ **Phone:** _____

I _____ acknowledge that the cancellation procedures and dates have been explained to me and I understand that I will be charged one final automatic withdrawal (if monthly payments were set up) and will continue to receive my membership benefits until this date: _____ .

_____ _____

Responsible Party Signature Date

Please take a moment to let us know how we've been doing in the following areas:

	Unsatisfactory	Poor	Fair	Good	Great
Customer Service from staff	☐	☐	☐	☐	☐
Cleanliness of Wellness Center	☐	☐	☐	☐	☐
Atmosphere of Wellness Center	☐	☐	☐	☐	☐
Group exercise classes and schedule	☐	☐	☐	☐	☐
Overall experience with Wellness Center	☐	☐	☐	☐	☐

Reason for cancellation and comments:

_____

_____

Thank you!
Wellness Center Staff