

R&W
Recreation & Welfare Association

NIH Fitness Centers
Cancellation Form

Date: _____

Name: _____

SS#: _____

(Debit members ONLY)

Work Address: _____

Work #: _____

Home Address: _____

Home #: _____

Membership Information

Please check the appropriate membership you are *currently* enrolled in:

1. Automatic Debit Member _____

3. 6 Month Member _____

2. Annual Member _____

4. 3 Month Member _____

Payment Information

1. Automatic Debit: _____ / per month

2. Cash / Check / Charge: _____

Reason for Cancellation: (Comments)

****NOTE** - Due to processing of paperwork, automatic debit members must cancel by the 20th of the month. If written notification is **not** received by this date, the following month's fees will be debited.

Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Cancellation Fee: **All debit cancellations prior to 1 year of membership require a \$40 cancellation fee**
(Circle One) Collected \$40 or Debit \$40 from account (*Debit members only*)

Effective Date: _____

Director Signature _____

Date Officially Cancelled _____