

Membership Cancellation Form



Member Name: _____	Member Phone #: (_____) _____ - _____
Date of birth ____/____/____	
Staff Signature: _____	Date: _____

Cancellation Checklist:

Returned I.D. _____ Account Balance is paid in full _____

Payment Method: Bank Withdrawal _____ Credit Card _____ PDC _____ Cash _____

- _____ Month last deduction will be taken out _____ .(current month)
- _____ Cancellation Reason: (record in member's own words) _____

- _____ Did the member have any dislikes at the Rec Center? _____

- _____ Are there any family members who are staying active on your account? Yes No
If yes, please list their name(s): _____

- _____ Is the member canceling due to a lay-off or RIF at Collins? Yes No

All members with an avenue of eligibility through a Collins Aerospace employee or retiree are invited to rejoin the Rec Center. *Please go over the following guidelines and have member initial applicable items.*

1. _____ I understand that I will have to pay an enrollment fee upon rejoining regardless of the period of time that has passed since my cancellation date. Additionally, I will be expected to re-establish eligibility upon re-enrollment.
2. _____ I agree to examine my statements of payment method with "reasonable promptness." If I should discover (or reasonably should have discovered) any unauthorized signatures or alterations, or notice that an authorized change was not administered, I will promptly notify you of the relevant facts. I further agree that if I fail to report any errors in my account within 60 days of when a statement was made available to me, I cannot assert a claim against the Collins Aerospace Rec Center on any items in that statement, and as between the Rec Center and myself the loss will be entirely mine.

Member Signature: _____ Date: _____