

# 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

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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. \_\_\_\_\_ Upon rejoining in the future, I understand that I will have to pay an enrollment fee if more than 6 months has passed since my membership cancellation date. Additionally, I will be expected to re-establish eligibility by providing a completed sponsorship form from a Collins employee or retiree sponsor.
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: \_\_\_\_\_