



Membership Cancellation Form

To be filled out by member

PRINT NEATLY

Scan #: _____

Name: _____

Address: _____
number street apt.# city state zip

Phone # _____ Email _____

(THIS FIELD IS REQUIRED FOR RECEIPT CONFIRMATION)

Why are you canceling your membership?

- moving
- medical reasons
- financial reasons
- dissatisfaction (please explain) _____
- leaving job
- lack of use

What areas of interest can we change to better serve our members: (please check all that apply)

- group fitness classes
- cardio equipment
- free weights
- strength training machines
- locker rooms
- personal training
- swim lessons
- massage
- indoor pool
- outdoor pool

Explain: _____

(1) I understand that all membership/locker cancellations are effective at the end of the month and to cancel my membership a signed written notice must be received by the 20th day of the last month membership is desired. The termination of my health club membership/locker will be effective the last day of _____ (month/year).

(2) If I choose to rejoin the clubs up to (1) year after cancellation of my membership, I will be charged an additional fee to rejoin. If an MGH employee's membership is cancelled, the employee will not qualify for the MGH benefits eligible membership again for one year. Special Consideration will be given for approved employment leave, house staff rotations and medical reasons.

Do you have a locker? _____ if yes, locker # _____

One day after your expiration date your belongings in the rental locker will be disposed of.

Signature: _____ Date: _____

CCRP use only

Staff Name: _____ Date Received: _____

Whittier Garage Key? _____ if yes, returned key? _____

Payment Type: _____ Employee ID # _____

CXN: _____ Locker: _____ Billing: _____

Notes: _____