R&W
Recreation & Welfare Association

R&W NIH Fitness Program
Cancellation Form

Date: _____

Name: _____
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_____