

CANCELLATION Of Membership Request

All Information Must Be Completed

Member's Last Name: _____ First Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Membership Type: _____ Youth _____ Adult _____ College Student

 _____ Senior _____ Family _____ Single Parent Family

 _____ Military Adult _____ Military Family

<p>I am terminating my CCCC Membership because:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Non-Use</td> <td style="width: 50%;"><input type="checkbox"/> Price</td> </tr> <tr> <td><input type="checkbox"/> Moving</td> <td><input type="checkbox"/> Too Crowded</td> </tr> <tr> <td><input type="checkbox"/> Job Loss</td> <td><input type="checkbox"/> Financial Hardship</td> </tr> <tr> <td><input type="checkbox"/> Medical</td> <td><input type="checkbox"/> Other (please elaborate)</td> </tr> </table> <p>_____</p> <p>_____</p> <p>Number of Membership cards surrendered? _____</p>	<input type="checkbox"/> Non-Use	<input type="checkbox"/> Price	<input type="checkbox"/> Moving	<input type="checkbox"/> Too Crowded	<input type="checkbox"/> Job Loss	<input type="checkbox"/> Financial Hardship	<input type="checkbox"/> Medical	<input type="checkbox"/> Other (please elaborate)	<p>What I enjoyed most at the CCCC was:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Cardio Equipment</td> <td style="width: 50%;"><input type="checkbox"/> Adult Programs</td> </tr> <tr> <td><input type="checkbox"/> Free Weights</td> <td><input type="checkbox"/> Youth Programs</td> </tr> <tr> <td><input type="checkbox"/> Staff/Service</td> <td><input type="checkbox"/> Fitness Classes</td> </tr> <tr> <td><input type="checkbox"/> Sense of Community</td> <td><input type="checkbox"/> Gymnasium</td> </tr> <tr> <td><input type="checkbox"/> Kid Watch/Childcare</td> <td><input type="checkbox"/> Location</td> </tr> <tr> <td><input type="checkbox"/> Flexible Hours</td> <td></td> </tr> </table>	<input type="checkbox"/> Cardio Equipment	<input type="checkbox"/> Adult Programs	<input type="checkbox"/> Free Weights	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Staff/Service	<input type="checkbox"/> Fitness Classes	<input type="checkbox"/> Sense of Community	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Kid Watch/Childcare	<input type="checkbox"/> Location	<input type="checkbox"/> Flexible Hours	
<input type="checkbox"/> Non-Use	<input type="checkbox"/> Price																				
<input type="checkbox"/> Moving	<input type="checkbox"/> Too Crowded																				
<input type="checkbox"/> Job Loss	<input type="checkbox"/> Financial Hardship																				
<input type="checkbox"/> Medical	<input type="checkbox"/> Other (please elaborate)																				
<input type="checkbox"/> Cardio Equipment	<input type="checkbox"/> Adult Programs																				
<input type="checkbox"/> Free Weights	<input type="checkbox"/> Youth Programs																				
<input type="checkbox"/> Staff/Service	<input type="checkbox"/> Fitness Classes																				
<input type="checkbox"/> Sense of Community	<input type="checkbox"/> Gymnasium																				
<input type="checkbox"/> Kid Watch/Childcare	<input type="checkbox"/> Location																				
<input type="checkbox"/> Flexible Hours																					

I understand that this form must be completed with my signature and received by the CCCC 30 days prior to cancellation of my bank draft.

MEMBER SIGNATURE: _____ DATE: _____

Carroll County Community Center
 908 E. Columbia St. Flora, In 46929
 574-967-4449

Office Use:

Staff Initials: _____ Date: _____

Membership Director Initials: _____
 Date: _____