



Copy Given: Yes No
Notes on Acct: Yes No

Membership Cancellation Request

- **Final billing will take place the month in which notice is given.**
- **Cancellation affects all members on your account.**
- Before cancelling, consider if our Freeze option is right for you. You may want to freeze your account if you are active duty military, on medical leave, traveling, or otherwise planning to come back. Talk to our Front Desk staff for more details.
- Please be aware that if you rejoin the club after cancelling, you will be required to pay an enrollment fee.

PRIMARY Member Info

Unsure if you're the primary member? Ask our Front Desk staff to check for you.

Full Name: _____ ID # _____

Phone: _____ Email: _____

Reason for Cancelling - Place a check mark next to any and all that are applicable:

Relocation **Financial** **Medical** **Deceased**
 Non-Use **Other:** _____

Final Dates - FINAL BILLING DATE: _____ 5th, 20____ <i>current month</i>	FINAL ACCESS DATE: _____ 4th, 20____ <i>next month</i>
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Exit Survey -

Feel free to write on the back of this page if you need more space.

1. What did you like best about your experience at BAC?
2. How could BAC improve?
3. If you selected "Non-Use" as your reason for cancellation, please provide more detail here.

Member Acknowledgement of Cancellation Policies

I understand that by signing this form, I will be held responsible for any past due balance that occurs and whatever payments may be owed up until my final access date. I also understand that this cancellation will be applicable for myself as the primary member as well as any other individuals who might have been included in my membership agreement.

PRIMARY Member Signature: _____ Date: _____

Office Use Only FD Initials: _____ Date Received: _____

Member Enrollment Date: _____ YTD Check-Ins: _____ Membership Type: _____

Membership Initials: _____ Date Processed: _____

Other Notes: