

opy Given:	Yes	No
lotes on Acct	Yes	Nο

Membership Cancellation Request

- Final billing will take place the month in which notice is given.
- Cancellation affects <u>all</u> members on your account. This includes member exclusive programming (swim team, swim lessons, and personal training.
- Before canceling, consider if our Freeze option is right for you. Talk to our Front Desk staff for more details.
- Please be aware that if you rejoin the club after canceling, 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 tha	t are applicable:		
Relocation	Financial	Medical	Deceased	
Non-Use	Other:			
Final Dates - FINAL BILLING DATE: _	5th, 20	FINAL ACCESS DATE:	4th, 20	
current month		next month		
ixit Survey -	Feel free to write on the b	pack of this page if you need mo	ore space.	
•	-	uen ej une page ij jeu neeu me		
What did you like best about your expense.	enence at BAC!			
2. How could BAC improve?				
3. If you selected "Non-Use" as your reas	on for cancellation, please pr	ovide more detail here.		
Member Acknowledgement of Cano	ellation Policies			
understand that by signing this form, I w				
be owed up until my final access date. I a		• •	nyself as the primary member	
as well as any other individuals who migh	•	_	D .	
PRIMARY Member Signature:				
Office Use Only FD Initials:	Date Re	eceived:		
Member Enrollment Date:	YTD Check-Ins:	Membership Type: _		
Membership Initials:	Date Processed:	_		
Other Notes:				