

Cancellation, Freeze, & Medical Hold Request Form

TODAY'S DATE:

*I understand that membership fees and dues are non-refundable. _____
INITIALS

*I understand that if all applicable information and initials are not present/complete, the request will not be processed. _____
INITIALS

PRIMARY MEMBER INFORMATION

LEGAL NAME (FIRST, MIDDLE, LAST)

MEMBERSHIP CARD #

BIRTHDAY

PHONE

EMAIL

*I understand that all adults are allowed to cancel/freeze the membership plan. _____
INITIALS

*I understand that membership cancellations, freezes, and holds must be submitted in writing by the 20th of the month to be effective for the next auto payment. If cancellations, freezes, and holds are submitted after the 20th of the month, one more autopay will be charged and changes will be effective the month after. _____
INITIALS

REASON FOR CANCELLING/FREEZING:

- ☐ FEES TOO HIGH ☐ MEDICAL REASONS ☐ NO TIME ☐ FACILITY TOO CROWDED ☐ TRAVELING
☐ MOVING OUT OF THE AREA ☐ PARTIAL FACILITY CLOSURE ☐ SWITCHING FACILITIES ☐ OTHER _____

FREEZE MEMBERSHIP FOR A FEE

☐ INDIVIDUAL \$12/MONTH

☐ HOUSEHOLD \$20/MONTH

*I understand that my monthly membership dues will resume after freeze end date. _____
INITIALS

START DATE: _____ END DATE: _____

MEDICAL HOLD - DOCTOR'S NOTE REQUIRED

*I understand that my monthly membership dues will resume after hold end date. _____
INITIALS

START DATE: _____ END DATE (6 MONTH MAX): _____

CANCEL AUTOMATIC MONTHLY PAYMENTS - EFFECTIVE: _____

LIST ALL MEMBER(S) TO BE CANCELLED (MORE SPACE ON BACK)

☐ MEMBERSHIP ☐ HYDROMASSAGE ☐ PLAY CARE ☐ DONATIONS

*I understand that if I reinstate my membership within 30 days from effective date, I will not have to pay the registration fee. If I want to reinstate my membership after the 30 day grace period, I will need to pay the registration fee. _____
INITIALS

NAME (FIRST & LAST)

NAME (FIRST & LAST)

NAME (FIRST & LAST)

NAME (FIRST & LAST)

I authorize the card on file ending in _____ may be used to complete this.

This form serves as an addendum to the original Membership Form. The original Terms of Membership apply to all members, including any members added on this Membership Changes & Cancellation Request Form. By signing this form, I agree that I have read and understand The Salvation Army Kroc Center's Terms of Membership.

MEMBER SIGNATURE

DATE

FOR FRONT DESK STAFF USE ONLY:

RECEIVED BY

DATE

MEMBER(S) TO BE CANCELLED CONTINUED

NAME (FIRST & LAST)	NAME (FIRST & LAST)
NAME (FIRST & LAST)	NAME (FIRST & LAST)
NAME (FIRST & LAST)	NAME (FIRST & LAST)
NAME (FIRST & LAST)	NAME (FIRST & LAST)
NAME (FIRST & LAST)	NAME (FIRST & LAST)
NAME (FIRST & LAST)	NAME (FIRST & LAST)

FOR OFFICE USE ONLY:

RECEIVED BY	DATE
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NOTES:
