

Date: _____

UAMS Fitness Center Membership Cancellation Form

Name: _____

Social Security Number: _____ Phone Number: _____

_____ Please cancel my UAMS Fitness Center membership effective 30 days from the above date. I understand that my sponsored spouse/companion will also be canceled.

- Spouse/companion name: _____
- Spouse/companion Social Security number: _____

OR

_____ Please drop my spouse/companion only from my membership effective 30 days from the above date.

- Spouse/companion Name: _____
- Spouse/companion Social Security number: _____

I understand that if I choose to rejoin and continue with my exercise program within a year of my cancellation date, I will be assessed a \$50 rejoin fee.

Method of payment: How have you paid your dues? (please circle)

Payroll Deduction Bank Draft Check Credit Card Cash

Reason for canceling: _____

Signature: _____

For office use:

Staff initials _____

Sticker returned? Yes _____ No _____

Notes: