

**UNIVERSITY OF RICHMOND
WEINSTEIN CENTER FOR RECREATION AND WELLNESS
MEMBERSHIP CANCELLATION FORM**

Primary member information only

LAST NAME _____ FIRST NAME: _____

MEMBERSHIP ACCESS NUMBER: _____ TELEPHONE NUMBER: _____ - _____ - _____

EMAIL: _____

MEMBERSHIP TYPE: *(please check one :)*

Community (Individual) Community 50+ Community Family

Alumni (Individual) Alumni (Family) Alumni (Young—*graduated less than 10 years*)

PT Student PT Faculty/Staff Plus One

HOW WAS MEMBERSHIP PAID? ACH/MONTHLY or Yearly

REASON FOR CANCELLATION: *(please check one :)*

- Relocation
- Medical reason
- Military
- Financial hardship
- Other : _____

For office use only:

Date received at Member Services: _____

Received by: _____

Date processed in Fusion: _____

Processed by: _____

Date member notified of process completion: _____

Notified by: _____

