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

Primary member information only

LAST NAME ____________________________ FIRST NAME: ____________________________

MEMBERSHIP ACCESS NUMBER: ______________________ TELEPHONE CONTACT NUMBER: _______ - _______ - _______

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

HOW WAS MEMBERSHIP PAID? ___ ACH or ___ Yearly

REASON FOR CANCELLATION: (please check one):

  o Relocation
  o Medical reason
  o Military
  o Financial hardship
  o Other: ___________________________________________

Signature__________________________________________ Date ______________________

*Please bring completed form to Member Services in the Weinstein Center or fax to (804) 484-1553

For office use only:

Date received at member services__________________________ BY MS STAFF: __________________________

Date processed in CLASS: __________________________

Date member notified of process completion: ________________________

RICHMOND Recreation & Wellness