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 : ________________________________

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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: _______________________

RICHMOND
Recreation & Wellness