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)
   o Relocation
   o Medical reason
   o Military
   o Financial hardship
   o 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: _________________
WEINSTEIN CENTER MEMBERSHIP CANCELLATION POLICY

Memberships that use an automatic payment plan are based on a month to month automatic debit plan for one year (12 payments). Anyone who has been a member and has completed their one year term is eligible to cancel their membership.

In addition, there may be reasons why a member needs to cancel prior to the completion of one year (12 payments):

- **Medical**: If upon a doctor’s written order you cannot physically receive the services because of a significant physical or medical disability for a period of time
- **Moving**: If you move your residence out of the area
- **Military**: due to active duty
- **Financial hardship**

HOW TO CANCEL

The cancellation procedure has been established to ensure that cancellation requests are handled properly and in a timely manner. The procedure for cancellation is as follows:

- Complete the membership cancellation form. This form is required to cancel memberships paid through the automatic payment plan, as well as those annual memberships paid in full.
- Cancellation forms must be completed and returned to Member Services at the Weinstein Center, faxed to (804) 484-1553 or mailed to: Weinstein Center for Recreation & Wellness, attention: Member Services, 28 Westhampton Way, Richmond, VA 23173. Forms are also available at recreation.richmond.edu under the Member Services section.
- (Monthly drafts) In order to process your request, the cancellation form must be received 30 days in advance of the next billing date (16th). If submitted less than 30 days in advance, the cancellation may not go into effect until the next billing cycle.
- Member Services will notify the member once the cancellation has been processed.

IF CHANGING MEMBERSHIP TYPE (MONTHLY DRAFTS)

- Complete the cancellation form (see above)
- Complete a membership application for the new membership
- Submit cancellation form, new application and 1st month’s payment (cash/check) to member services
- Changes will go into effect on the next draft date (16th) if submitted 30 days in advance.
- Member Services will notify the member once the membership changes have been made.

If you need additional information or assistance, please contact Member Services at 289-8361.