UNIVERSITY OF RICHMOND
WEINSTEIN CENTER FOR RECREATION
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 Student Family   ___PT Faculty/Staff   ___ PT Faculty/Staff Family   ___ Plus One

HOW WAS MEMBERSHIP PAID? ___ ACH/Monthly   or   ___ Yearly

REASON FOR CANCELLATION: (please check one)

o Relocation
o Medical
o Military
o Financial hardship
o Other: __________________________________________

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For office use only:

Date received: ___________________________ 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 the Membership Office at the Weinstein Center, faxed to (804) 287-1295 or mailed to: Weinstein Center for Recreation, attention: Memberships, 361 College Road, Richmond, VA 23173. Forms are also available at recreation.richmond.edu.

- (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.

- Membership Office 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 the Membership Office
- Changes will go into effect on the next draft date (16th) if submitted 30 days in advance.
- Membership Office will notify the member once the membership changes have been made.

If you need additional information or assistance, please contact the Membership Office at (804) 662-3086.