



Today's Date: \_\_\_\_\_

## Membership Cancellation

Annual

Monthly

### MEMBER INFORMATION

Title (Mr., Ms.)	First	M.I.	Last
Address		City	State Zip
Phone		Email:	

**Monthly memberships:** I understand that requests received by the Safari Island Community Center staff prior to the 20th of the month will be processed in the current month. Requests received the 21st or later will be processed in the following month.

**Annual memberships:** Annual memberships **Do Not** require cancellation notice by the 20th of the month, but the Membership Cancellation Form must be filled out and returned to Safari Island staff. The unused portion of your membership will be returned to member. Unused is defined as the future time from when you sign your membership cancellation form).

Membership Expiration Date:     /     /

Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

### REASON FOR CANCELLATION

To help us ensure quality programs and positive experiences at Safari Island Community Center, please answer the following:

**Please describe your decision for leaving**

\_\_\_\_\_

**New Address if moving:**

What best describes your original decision to join Safari Island? \_\_\_\_\_

How likely are you to rejoin Safari Island Community Center? \_\_\_\_\_

In what ways could we have improved your member experience? \_\_\_\_\_

Please rate the following on a scale of 1-5, with 5 being excellent

____ Staff Knowledge	____ Staff Friendliness	____ Information Availability	____ Safety of Facility	____ Quality/Variety of Programs
____ Cleanliness of Facility	____ Equipment Maintained	____ Hours of Operation		

### OFFICE USE

Received by [staff print name] \_\_\_\_\_ Date / /

Processed by [staff print name] \_\_\_\_\_ Date / /

Amount refunded: (Check or Credit Card) \_\_\_\_\_ Date: \_\_\_\_\_ Insurance Type: \_\_\_\_\_