



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: _____