

Request for Cancellation of Membership

If you are unable to continue with your membership at The Yuba City Racquet & Health Club, you may request cancellation by reading the following, signing and submitting to the Accounting Department.

As per your original Membership Application:

- 1. If our Freeze would work better for you, please refer to our "Request to Freeze Membership" form
- 2. For your protection, no processing or change in billing will occur until a written "Request for Cancellation of Membership" form with the member's signature is received. **The request may not be taken verbally, by phone or e-mail.**
- 3. Per your Membership Agreement, the Request for Cancellation form must be received no less than <u>30</u> <u>days</u> prior to the date that you would like your membership cancelled (i.e. if you would like to cancel on November 1st, you must submit your request prior to October 1st) (If you submit this form October 1st -31st you will be billed for November. No refunds are given for membership. No partial months allowed.
- 4. If you are requesting cancellation previous to your **One Year Commitment** being fulfilled, you authorize Yuba City Racquet & Health Club to charge your account the agreed upon <u>\$100 cancellation fee</u> upon processing this form.
 - a. Approximate Date joined: _____
- 5. Remaining balance not limited to: dues, club account, services and Annual Maintenance Fee, if applicable will be collected upon processing this form.
- 6. A **move** is considered more than 25 miles out of our area. Documentation will need to be provided in the form of a new lease agreement, a bank statement, or a utilities bill with the new address.
- 7. Please fax this form to 530-673-4006 or mail to YCRC Accounting Department at 825 Jones Road, Yuba City, CA 95991 or e-mail to shannon@ycrc.com
- For confirmation of receipt of this Request for Cancellation of Membership, please enter an email address where you would like to receive your confirmation. EMAIL:
- 9. If you do not receive e-mail confirmation of receipt, please assume we did not receive your request and contact the Accounting Department immediately at 530-673-6900 ext. 104.

I,	_ (PRINT NAME) request to cancel my YCRC membership.						
Reason for cancellation	on: (circle one) N	on-Use	Moved	Financial	Medical	Other Gym	
Other Reason:							
Would you rejoin YC	RC? (circle one)	Yes	No Co	mment:			
Signature		Contact Number			Date		
Print Name			s (street, city - print details or	v, state, zip coc	le)		
Date Received: Date Processed: Employee:	Comm.:			Fre Fax	om \$ x/mailed:	to \$	
MEMBER ID#:		CANCELLATION DATE EFFECTIVE:					

825 Jones Road, Yuba City, CA 95991 · 530.673.6900 (phone) · 530.673.4006 (fax)