



Request for Cancellation of Membership

If you are unable to continue with your membership at The Chico Racquet 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 Inactive membership would work better for you, please refer to our "Request for Inactive Membership" form.
2. For your protection, no processing or change in billing will occur until a written "Request for Cancellation of Membership" with the member's signature is received. The request may not be taken verbally, by phone or e-mail.
3. As per your Membership Agreement, the Request for Cancellation of your membership must be received no less than 30 days 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 previous to October 1st.) 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 Chico Racquet Club to charge your account the agreed upon \$100 cancellation fee.
 - a. Approximate date joined: _____
5. All outstanding charges must be paid at cancellation of membership.
6. You may rejoin CRC within one month with no rejoin fee but that month's dues will be collected. After one month, you are considered a new member subject to applicable enrollment fees.
7. Please turn in this form to the front desk or mail to CRC Accounting Department at 1629 Manzanita Ave, Chico, CA 95926.
8. If you do not receive written confirmation of receipt within 10 business days, please assume we did not receive your request and contact the Accounting Department immediately at (530) 895-1881.

I, _____ (PRINT NAME), request to cancel my CRC membership.

Would you rejoin CRC? May we ask why you are leaving? _____

Signature

Contact Number

Date

Address

Alternate Number

e-mail

office use only - print details on reverse

Date Received: _____

Join date: _____

Balance: _____

Bill date effective: _____

Date Processed: _____

Comm.: _____

From \$ _____ to \$ _____

Employee: _____

Fee: _____

Fax/mailed: _____

MEMBER ID#: _____

CANCELLATION DATE EFFECTIVE: _____