



CARROLL COUNTY COMMUNITY CENTER

Physical, Mental, and Spiritual Health

MEMBERSHIP CANCELLATION FORM

Today's Date _____

Member's Last Name: _____ First Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Membership Type: _____ Youth _____ Adult _____ College Student
_____ Senior _____ Family _____ Single Parent Family
_____ Military Adult _____ Military Family

<p>I am terminating my CCCC Membership because:</p> <table><tr><td><input type="checkbox"/> Non-Use</td><td><input type="checkbox"/> Price</td></tr><tr><td><input type="checkbox"/> Moving</td><td><input type="checkbox"/> Too Crowded</td></tr><tr><td><input type="checkbox"/> Job Loss</td><td><input type="checkbox"/> Financial Hardship</td></tr><tr><td><input type="checkbox"/> Medical</td><td><input type="checkbox"/> Other (please elaborate)</td></tr></table> <p>_____</p> <p>_____</p> <p>NUMBER OF MEMBERSHIP CARDS SURRENDERED _____</p>	<input type="checkbox"/> Non-Use	<input type="checkbox"/> Price	<input type="checkbox"/> Moving	<input type="checkbox"/> Too Crowded	<input type="checkbox"/> Job Loss	<input type="checkbox"/> Financial Hardship	<input type="checkbox"/> Medical	<input type="checkbox"/> Other (please elaborate)	<p>What I enjoyed most at the CCCC was:</p> <table><tr><td><input type="checkbox"/> Cardio Equipment</td><td><input type="checkbox"/> Adult Programs</td></tr><tr><td><input type="checkbox"/> Free Weights</td><td><input type="checkbox"/> Staff/Service</td></tr><tr><td><input type="checkbox"/> Sense of Community</td><td><input type="checkbox"/> Fitness Classes</td></tr><tr><td><input type="checkbox"/> Teen Room</td><td><input type="checkbox"/> Kid Watch/Childcare</td></tr><tr><td><input type="checkbox"/> Youth Programs</td><td><input type="checkbox"/> Gymnasium</td></tr><tr><td><input type="checkbox"/> Flexible Hours</td><td><input type="checkbox"/> Location</td></tr></table>	<input type="checkbox"/> Cardio Equipment	<input type="checkbox"/> Adult Programs	<input type="checkbox"/> Free Weights	<input type="checkbox"/> Staff/Service	<input type="checkbox"/> Sense of Community	<input type="checkbox"/> Fitness Classes	<input type="checkbox"/> Teen Room	<input type="checkbox"/> Kid Watch/Childcare	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Flexible Hours	<input type="checkbox"/> Location
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I understand that this form must be completed and received by the CCCC 30 days prior to cancellation of my bank draft.

MEMBERSHIP'S SIGNATURE: _____ DATE: _____

Office Use Only:

Date Received: _____ Staff Initials: _____ Date Entered in Computer: _____ Membership Director's Initials: _____