



Membership Cancellation Form

I, _____ (name), wish to cancel my membership with the UMSL Recreation and Wellness Center. I understand when requesting to cancel a membership, a completed cancellation form must be submitted 30 days prior to the first of the month in which I would like the membership terminated. (UMSL Employee on Paycheck Deduction may be charged on one additional paycheck after cancellation date to cover the initiation process). I understand that if I paid in full for a membership at time of purchase, no part of this payment is refundable.

Member Information:

Name: _____
Membership ID number: _____
Spouse/Partner Member name (if applicable): _____
Spouse/Partner Membership ID number: _____
Phone Number: _____
Email Address: _____
Locker # (if applicable): _____

Membership Classification:

- Community
- Corporate Partner
- UMSL Employee
- UMSL Retiree
- UMSL Alumni
- UMSL Student Spouse/Partner

Payment Type:

- Electronic Funds Transfer
- Automatic Credit/Debit Charge
- UMSL Paycheck Deduction
- Paid in Full at Purchase

Reason for Cancellation:

Member Signature _____ Date _____

UMSL Recreation & Wellness Center Use Only

Approval: _____ Date Received: _____
Date for Cancellation: _____ Date Cancellation Processed: _____