Membership Resignation Form

Type of Membership:
- [ ] Individual
- [ ] Couple
- [ ] Single Parent
- [ ] Family
- [ ] Senior Indiv.
- [ ] Senior Couple
- [ ] Student

Name of all Members Resigning:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Daytime Phone #: (_____) ____________________________  Do You Rent a Locker: Yes [ ] No [ ]
Did you have New Member Orientation:    Yes [ ] No [ ]

A minimum 30-Day notice is required when resigning your membership at Powell Wellness Center. This resignation will take effect no less than 30 days from the date we receive this resignation. You may use the facility up until the effective date.

Prorated Dues will be assessed for partial months resulting from 30-day policy.
Member’s Initials: __________

For Memberships that have dues payroll deducted: Resignation requests must be received no less than 30 days prior to the first of the month that you wish to terminate your membership at Powell Wellness Center. You may use the facility up until the effective date of your resignation, and payroll deductions will continue until that date. If payroll deductions are discontinued you will remain responsible for dues until the effective date of your resignation.

To assist us in our customer service efforts, please state the reason for your resignation:
________________________________________________________________________
________________________________________________________________________
Member Signature: ____________________________  Date: ____________________________
Received by: ____________________________  Date: ____________________________
Resignation save attempted by ____________________________  Date: ____________________________

For Office Use Only
-PWC #_________

- Cancellation Date entered in CSI for each member
- Cancellation date entered for Repetitive
- Reason Cancelled entered into CSI
- A/R for Locker #_________ cancelled
- Resignation save attempt (recorded on resignation form)
- A/R for dues
- Prorated dues: Monthly Dues $J. days in the month = Pro rated daily rate x days they can use = Prorated Amount

- Employer Notified (if payroll deduction) – Name of Employer:
  CRH [ ]  CMA [ ]  Other:________________________

Approved by: ____________________________  Effective Date: ____________________________

1005 Golf Drive, Culpeper, Virginia 22701
MAIN: 540-829-4741  FAX: 540-829-4750

Powell Wellness Center
A Service of Culpeper Regional Health System