



NILES FAMILY FITNESS CENTER
Cancellation of Membership or Leave of Absence

PLEASE PRINT

List all members who apply for Cancellation or Medical Leave of Absence

PLEASE LIST ALL MEMBERS THAT THIS FORM APPLIES TO

Name: _____ Member Barcode # _____

Name: _____ Member Barcode # _____

Name: _____ Member Barcode # _____

Name: _____ Member Barcode # _____

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

Cancel Membership:

moving not enough time not using financial other: _____

Suspend Membership (Medical Leave of Absence)

ONGOING MEMBERSHIPS MUST BE CANCELLED 10 DAYS PRIOR TO THEIR PROCESSING DATE

Guidelines for Medical Leave of Absence or Cancellation

Medical Leave of Absence

Form must be filled out with Dr's note and turned into Member Services within two weeks of onset of illness. A membership can be suspended for a minimum of 3 month.

Approval: Director of the Niles Family Center must approve all requests.

Medical Extensions may be granted upon approval.

A maximum of one time during the membership year.

Valid reasons for Cancellation

- A) **Money Back** - The Niles Family Fitness Center is committed to providing each member with quality fitness experience. A full refund will be given within 30 days of a membership application if the member is unhappy with their fitness experience.
- B) **Relocating**- a pro-rated refund will be given to those members who move out of the area. Member must show proof of new address before refund is processed.
- C) **Medical** -a pro-rated refund will be given for a medical reason when a doctor's note is given. Doctor's note must clearly state the reason the member is no longer able to exercise.
- D) **Death**-Upon Death of a Member fitness center must be notified within 6 months and maximum refund will be 6 months. Proof is required.

The member's account must have more than \$50.00 balance to receive a pro-rated refund.

Primary Members Signature _____ **Date:** _____