Florida Atlantic University  
Department of Campus Recreation  
**Cancellation Form**

**Office Use Only**
- Receipt Attached
- Rec Trac Updated
- Director/Associate Director – Operations Approval

Signature: ____________________________
Signature Date: ____________________________

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### Member Information

<table>
<thead>
<tr>
<th>Last Name: ____________________________</th>
<th>First Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address: ________________________</td>
<td>Phone: _________________________________</td>
</tr>
<tr>
<td>Home Address*: ________________________</td>
<td>City/State/Zip: _________________________</td>
</tr>
<tr>
<td>Z-Number: ______________________________</td>
<td></td>
</tr>
</tbody>
</table>

### Membership Type

- [ ] Faculty & Staff
- [ ] FAU Alumni
- [ ] FAU Community Member
- [ ] FAU Retiree
- [ ] Household Adult
- [ ] Student
- [ ] Red Membership

### Cancellation Reason

- [ ] Separation from FAU
- [ ] Moving
- [ ] Medical Concern
- [ ] Enrolled in FAU classes
- [ ] Prefer not to disclose
- [ ] Other: ________________________________

### Cancellation Agreement

- [ ] I understand that a $30 cancellation fee will be assessed to my account if my membership is cancelled before my stated expiration date (membership only).
- [ ] I understand that if my membership is cancelled after the 15th of the month, that I will still be charged for the following month (monthly only).
- [ ] I understand that any Household Adult membership affiliated with my membership will also be canceled.
- [ ] I understand that my locker must be cleaned out prior to membership cancellation.

Payroll Deduction Members

- [ ] I understand that due to payroll processing dates my deductions may not cancel immediately.

Guest Signature: ____________________________ Signature Date: ____________________________

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### Staff Use Only

**Payment Type:**
- [ ] P.D.
- [ ] Visa
- [ ] MC
- [ ] AMEX
- [ ] Disc
- [ ] Installment Billing

**Refund Type:**
- [ ] P.D.
- [ ] Visa
- [ ] MC
- [ ] AMEX
- [ ] Disc
- [ ] Installment Billing

**Void Authorization:**

Reviewer ____________________________ Signature ____________________________

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*Revised 9/24/12*