

Florida Atlantic University, Department of Campus Recreation
Cancellation Request

Member Information

Name: _____ Z Number: _____

Email Address: _____ Phone: _____

Membership Type: ☐ Faculty & Staff/Retiree ☐ FAU Alumni ☐ Community Member
 ☐ Red Membership ☐ Student ☐ Household Adult ☐ Non-member

Membership Cancellation

Reason:

☐ Separation from FAU ☐ Moving ☐ Medical Concern ☐ Enrolled in FAU classes ☐ Prefer not to disclose

☐ Other: _____

Cancellation Agreement

Installment Billing Members

_____ I understand that a \$30 cancellation fee will be assessed to my account if my membership is cancelled before:

- a) my stated expiration date (annual membership)
- b) three complete billing periods (monthly membership)

_____ 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 cancelled.

_____ I understand that my locker must be cleaned out prior to membership cancellation.

Payroll Deduction Members

_____ I understand that due to payroll processing dates at the state of my membership, my deductions may not cancel immediately.

Member Signature: _____ Date: _____

Program Cancellation

Program Name:

Reason:

☐ Separation from FAU ☐ Moving ☐ Medical Concern ☐ No longer interested in program ☐ Prefer not to disclose

☐ Other: _____

Cancellation Agreement

_____ I understand that I may not be eligible to receive a refund for this program based on reason for and time of cancellation.

Member Signature: _____ Date: _____

Office Use Only

Membership:

☐ Balance at \$0 ☐ Cancellation fee assessed ☐ RecTrac Updated ☐ Payroll Contacted (date: _____)

Program:

☐ Removed member from program roster ☐ Contacted waitlist member (if applicable) ☐ Eligible for refund

Membership Specialist: _____ Date: _____ Pro Staff: _____ Date: _____