



Membership Cancellation Request Form

- Form must be submitted in person at the Community Center or Birchwood Recreation Center with an attention to Alison Shariatzadeh or emailed to ashariatzadeh@palatineparks.org.
- Membership must be active for at least 3 paid months before a cancellation can be processed. Any promotional months do not apply.
 - This can be waived with a physician's note for a medical exemption.
- Only members with a month-to-month membership can cancel their membership.
 - Annual members can cancel their membership with a note from a physician.
- Cancellation request must be received by the 20th of the month in order to cancel for the upcoming monthly bill. If received after the 20th of the month, members will be responsible for the next month's bill.
 - Example: Cancellation received on May 17th, you will be canceled effective June 1st. Cancellation received on May 25th, you will be canceled effective July 1st.
- Upon cancellation, you will receive an email confirmation from staff.
- No refunds will be issued.

Member Name: _____

Additional Member(s): _____

Address: _____

Email: _____

Membership Cancellation Date: ____ / ____ / ____

Reason for Cancellation: _____

Thank you for being a member at Community Fitness Center. We hope to see you again soon.

Member Signature: _____ **Date:** ____ / ____ / ____

For staff use only:

Received by: _____ **Date Received** _____

Processed by: _____ **Date Processed:** _____