Agua Caliente Aquatic Center

Termination Form

Primary Member on Account:

Name:_____,_____
(Last Name) (First Name)

Phone Number:_____ Bar Code:_____

Type of Membership:_____

If you are on Auto Pay, please check your payment method:
□ Credit Card □ Checking Account

Names of people you wish to Terminate:	Barcode:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reason for Termination:_____

_____

_____

Article IV section I of your membership contract states:
The Center requires thirty day's prior notice to resign a membership. The resigning member must complete and sign a Membership Resignation Form. The member must also surrender all membership cards and locker keys, and must pay any outstanding balance. The voluntary resignation is not effective until the expiration of the thirty days notice period and The Center receives the signed and completed Membership Resignation Form, all membership cards, locker keys and required payments. After the effective date of voluntary resignation, the member is not subject to any further dues.

Signature:_____ Date:_____
Must be primary member on account.