Ambassador Wellness Center Membership – Monthly EFT / CC Cancelation

Member Name: _____ **ID#**_____

Well, we hate to lose you as a member but we understand that things do come up in life that may be cause for this cancelation. Thank you for being a part of the Ambassador Wellness Center.

Cancelation of Membership and Monthly payments are allowed after all stipulation of agreement are met.

1) All requests for cancelations or changes must be received (and signed by AWC Staff) by the 20th of the month Prior to cancelation or changes. You can still use the club for the time covered by the paid dues for the month.
2) Initial year agreement must be completed. Once the initial year agreement is completed, membership may be canceled anytime (cancelations must be received by the 20th of the month, prior to cancelation)
3) All cancelation requests must fill out this form.

Reasons for cancellations within the initial year agreement:

4) If for **Medical Reason** (requires Dr. Release) you are not able to continue exercise.
   a. Note. If you have a couple or family membership and the rest of the family can continue to use facility this does not qualify for a cancelation for medical reasons and the year agreement must still be fulfilled (membership may be downgraded if this applies)
5) If you are **Moving** 25 miles away, Proof of move i.e. new address, is required.
6) **Military Reasons** (relocation, call up, etc.)

New address _____

City _____

State____ Zip _____Phone #_____

PLEASE FILL OUT BELOW

How likely is it that you would recommend the Ambassador Wellness Center to family or friends?

Circle one: 0 1 2 3 4 5 6 7 8 9 10

not likely neutral extremely likely

Reason for canceling: We would really like to know why you are canceling your membership. We hope to use this information to better serve our members.

_____

What could we have done better to improve your time at AWC? _____

_____

1. All requests for cancelations must be received in writing and dated by the 20th of the month prior to effective month. No credits or retroactive adjustments will be made for absences prior to the effective date of change notice.

2. Joining at a later date will be subject to terms and conditions applicable at that time, including payment of joining fees and all outstanding balances.

_____ _____

Member Signature: Date

_____ _____

AWC Staff Signature Date received

Office Use:

1240 N. 19th St. - Nebraska City, NE 68410 - 402-873-3337