

MEMBERSHIP CANCELLATION FORM

Today's Date

Month/Day/Year ___/___/___

MEMBER INFORMATION

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Membership cancellation questions:

1. Why did you join the Kingsport Aquatic Center?

2. How could we have kept you as a member?

3. What is your primary reason for cancelling your membership?

___ Moving _____ Dissatisfied with facility, what aspect: _____

___ Medical reasons _____ Dissatisfied with programs; which ones: _____

___ Financial Concerns _____ Dissatisfied with class schedules; which ones: _____

___ No Longer Using _____ Dissatisfied with operational hours; specifically: _____

___ Other: _____

4. What did you like most about your membership at the KAC?

MEMBER CANCELLATION AGREEMENT

I understand that it will take 15 days from submittal of this form for my draft to be cancelled. Submittal of this form within the 15 day period prior to draft date may result in your account being drafted.

Signature _____ Date: _____

Please bring completed form to the Kingsport Aquatic Center front desk or mail to: Kingsport Aquatic Center, 1820 Meadowview Parkway, Kingsport, TN 37660.

OFFICE USE ONLY

Staff Signature: _____ Last Draft Date: _____

Member given copy? (Staff initials) _____ Date: ___/___/___

Membership Cancelled By? _____ Date: ___/___/___