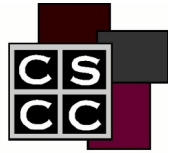


CENTRAL SQUARE COMMUNITY CENTER

Central Square Community Center
100 7th Avenue North, South St. Paul, MN 55075
Phone: 651-366-6200 Website: www.southstpaul.org



Membership Cancellation Form

Today's Date: _____

Pass #: _____

Member(s) Name(s) for cancellation (please print): _____

Date of Birth: _____

Phone Number _____

Address: _____

I, (please print) _____ wish to cancel my Central Square fitness membership per the following requirements.

Automatic Withdrawal Membership Cancellation

ACH - Per the Membership Agreement, if cancellation occurs *before* the 12-month agreement is fulfilled, I understand that I will be assessed one additional ACH monthly fee (at current membership category price) before cancellation is processed.

After the initial **12**-month period is fulfilled, ACH cancellations are still required in writing; however, I will not be assessed a fee. Written cancellation must be received by the first day of the month to avoid being charged for the month's membership fee.

Prepaid Membership Cancellation

Prepaid - If terminating agreement before the end of their annual or 6 month membership, a \$25 fee will be assessed. This fee will be waived for military deployment only.

Memberships will not be suspended for sudden illness or medical reasons.

I understand that I must be the main member on the account or the spouse/partner of that person. Any health insurance reimbursements not yet submitted to the insurance company as of the above date, will be forfeited.

Signature

Date

Reason for Cancellation: _____

All information above must be completed in full before cancellation will be accepted.
Please deliver completed form to CSCC Front Desk or Fax it to 651-366-6201 (call the office at 651-366-6200 to confirm receipt.)