

S A M E N A

•SWIM & RECREATION CLUB•

NOTICE TO TERMINATE MEMBERSHIP

Member's Name: _____

Membership Number: _____

Current Street Address: _____

City / State / Zip Code: _____

Would you like to remain on the Mailing List for Samena Brochures & news?

Yes

No

Reason for Relinquishing Membership:

Relocation

If you are moving at least 60 miles from the Samena Club, check into our non-resident options

New Address: _____

Contact #: _____

Insufficient Use

While a member at Samena, have you ever:

- | | | |
|---|-----|----|
| ▪ Received a Free Fitness Consultation: | Yes | No |
| ▪ Used the Fitness Center: | Yes | No |
| ▪ Attended a program or event: | Yes | No |
| ▪ Have you used Samena Facilities in the past 6 mo or less:
If no, what has prevented use: | Yes | No |

Financial Hardship

In some instances you may be eligible to put your membership on hold for up to 3 consecutive months through Samena's Hardship Assistance program.

Would you like to hear more about this option? Yes No

Facility / Service

Please describe issues: _____

Other, Describe: _____

We regret to see you leave the Samena Community. Is there anything we can do to retain you as a member?

I hereby give notice of intent to terminate my membership at the Samena Club. I understand I am responsible for the dues and charges billed to my account for **thirty (30) days following the Club's receipt of this notice**, or, if applicable, through my initial 12-month commitment. I understand that if I have prepaid annual dues the dues will not be refunded, and my membership will terminate at my account's next billing date. I understand that should I choose to rejoin the club in less than one (1) calendar year, I will be responsible for a reinstatement fee as well as any current and past due dues and fees. I understand that I may join as a new member after one (1) year and will be responsible for standard initiation fees due upon joining.

Signature of Member

Date

INTERNAL USE ONLY

Date Notified:	Date Effective:		
Received By:	<input type="checkbox"/> Mail	<input type="checkbox"/> In Person	<input type="checkbox"/> Email
Dues for Month(s) of:	Amount:		
Other Fees/Charges:	Total Balance Due:		
<input type="checkbox"/> Confirm receipt email	<input type="checkbox"/> Future Status	<input type="checkbox"/> Drop List	<input type="checkbox"/> Repetitives
<input type="checkbox"/> Add Notes to CSI	<input type="checkbox"/> Gift Card balance?	<input type="checkbox"/> Termination email	