Yuba City Racquet & Health Club

Request for Cancellation of Membership

If you are unable to continue with your membership at The Yuba City Racquet & Health Club, you may request cancellation by reading the following, signing and submitting to the Accounting Department. As per your original Membership Application:

1. If our Inactive membership would work better for you, please refer to our "Request for Inactive Membership" form.
2. For your protection, no processing or change in billing will occur until a written "Request for Cancellation of Membership" with the member's signature is received. The request may not be taken verbally, by phone or e-mail.
3. As per your Membership Agreement, the Request for Cancellation of your membership must be received no less than 30 days prior to the date that you would like your membership cancelled. (i.e. If you would like to cancel on November 1st, you must submit your request previous to October 1st.) No refunds are given for membership.
4. If you are requesting cancellation previous to your One Year Commitment being fulfilled, you authorize Yuba City Racquet & Health Club to charge your account the agreed upon $100 cancellation fee.
    a. Approximate date joined: _____
5. All outstanding charges must be paid at cancellation of membership.
6. You may rejoin YCRC within one month with no rejoin fee but that month's dues will be collected. If you rejoin within a year, your rejoin fee will be $99 with a month to month commitment or $50 with a one year commitment. After one year, you are considered a new member subject to applicable enrollment fees.
7. Please fax this form to 530-673-4006 or mail to YCRC Accounting Department at 825 Jones Road, Yuba City, CA 95991.
8. For confirmation of receipt of this Request for Cancellation of Membership, please provide a fax number_____ or a mailing address _____.

If you do not receive written confirmation of receipt within 10 business days, please assume we did not receive your request and contact the Accounting Department immediately at 530-673-6900 ext. 104.

I, _____ (PRINT NAME), request to cancel my YCRC membership.

Would you rejoin YCRC? May we ask why you are leaving? _____

_____	_____	_____
Signature	Contact Number	Date
_____	_____	_____
Address	Alternate Number	e-mail

office use only - print details on reverse

Date Received: _____	*Join date:* _____	*Balance:* _____	*Bill date effective:* _____
Date Processed: _____	*Comm.:* _____		*From $_____ to $_____*
Employee: _____	*Fee:* _____		*Fax/mailed:* _____

MEMBER ID#: _____ *CANCELLATION DATE EFFECTIVE:* _____