



Request for Cancellation

Your membership may be cancelled by completing this form on or before February 28th (effective April 1) of the year in which you wish to terminate. Early termination will only be accepted in the event of a member who passes away or is called to active military duty (documentation must be provided). If a member moves or is transferred (in or out of state), is involved in a divorce, becomes unable to use the facilities, etc. they are liable for dues through the remainder of the fiscal year (March 31). This request is not final until all requirements are met and verified.

Name _____ Account Number _____

Address _____
Street City State Zip Code

Home Telephone _____ Work Telephone _____

Cell _____ E-Mail _____

Best **Number** to call _____ Home Telephone _____ Work Telephone _____ Cell _____

Best **Time** to call _____ Morning _____ Afternoon _____ Evening _____

Method of Payment _____ Monthly Bank Draft _____ Annual _____

Please Read Carefully and Sign:

I, _____, turn in my notice to cancel my membership with GreatLIFE Golf & Fitness. I realize that if I decide to rejoin, I may be required to pay another initiation fee. I realize that I am responsible for any balance due on my account (charges and dues) through the end of the fiscal year (March 31).

Name of facility that was most frequently utilized: *(please print)* _____

Reason for Cancellation

- _____ Employer is now covering my GreatLIFE membership dues
- _____ Member was called to active military duty
- _____ Self or spouse employment transfer
- _____ Financial situation has changed
- _____ Unable to use membership because _____
- _____ Joined another facility because _____
- _____ Other reason and/or comments (please explain) _____

Member Signature _____ **Date** _____

Form can be hand delivered to any GreatLIFE location, mailed or scanned and sent via E-Mail. Please keep a copy for your records.
913 SE 29th Street, Topeka, KS 66605 (785) 233-2868 membership@greatlifegolf.com

Office Use Only (1.1.19)

Employee who accepted cancellation (*please print*) (GreatLIFE location) Date _____

Expired Account _____ Stopped Recurring Charges _____ A/D Sheet _____

