



1661 S. Holland- Sylvania
 Maumee, Ohio 43537
 419-865-1141

REQUEST OF MEMBERSHIP TERMINATION FORM

THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED BY THE PRIMARY ADULT MEMBER TO MEMBER SERVICES BY THE 15TH OF THE MONTH IN ORDER FOR THE TERMINATION TO BE EFFECTIVE AT THE END OF THAT MONTH. FORMS RECEIVED AFTER THE 15TH OF THE MONTH WILL NOT BE EFFECTIVE UNTIL THE END OF THE FOLLOWING MONTH.

SECTION A- TO BE COMPLETED BY MEMBER

MEMBERSHIP INFORMATION

| | | | |
|----------------------------------|-----------|-------|-------|
| Primary Account Holder Full Name | Member ID | Phone | Email |
|----------------------------------|-----------|-------|-------|

TERMINATION INFORMATION

| | |
|--------------------------------|---|
| REQUESTED DATE OF TERMINATION: | HAS MEMBER COMPLETED MINIMUM MEMBERSHIP COMMITMENT? |
|--------------------------------|---|

Reason(s) for Termination:

Moving
 Illness or Injury
 Financial
 Not Using
 Joined Other Club: _____

Other (please describe): _____

Please provide any suggestions to help us improve Shadow Valley Tennis Club:

MEMBER SIGNATURE

| | |
|--------------------------------|------|
| Primary Adult Member Signature | Date |
|--------------------------------|------|

SECTION B- FOR OFFICE USE ONLY

| | |
|-------------------|------|
| Member Join Date: | |
| Staff Signature | Date |
| Manager Signature | Date |

MEMBERS MAY RETURN THIS FORM TO THE FRONT DESK, MAIL TO SHADOW VALLEY ATTN: JENN
 OR EMAIL TO JENNWALTONSVC@GMAIL.COM

**Please note that all requests must be submitted and signed by the 15th of the month. Termination dates requested after the 1st of the month are subject to full month of billed dues. Requests are subject to approval. The minimum number of months according to the member contract must be fulfilled before termination is permitted. See desk staff if assistance is needed in completing this form.*