

SHADOW VALLEY TENNIS & FITNESS CLUB

5400 W. Central Avenue
Toledo, Ohio 43615
419-537-0001

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
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TERMINATION INFORMATION

REQUESTED DATE OF TERMINATION:	HAS MEMBER COMPLETED MINIMUM MEMBERSHIP COMMITMENT?
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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
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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 EITHER LOCATION ATTN: KARI
OR EMAIL TO TENNISCHICKMVP@AOL.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 is assistance is needed in completing this form.*