



# Employee Wellness Center Membership & Payroll Deduction Cancellation Request



This form will serve as your *request for cancellation* at the Miami-Dade County Wellness Center. You may be contacted in order to review your request. Approval is based upon meeting all criteria as outlined in your Membership Agreement. Please fill out this form completely in order to ensure that your request is handled in a timely fashion:

I, \_\_\_\_\_, with Employee Number \_\_\_\_\_, hereby request that my membership be canceled at the Miami-Dade County Wellness Center, **30 days from the date this cancellation request is received at the Center management office.** I will adhere to the club's cancellation policies and will fulfill any outstanding financial obligations through my expiration date. I understand that if I do not or can not provide proper verification to end my membership the membership will continue until I have satisfied my agreement with Miami-Dade County Wellness Center and I am eligible to end my obligation.

**Reason for Cancellation:** (Please check one)

- Relocation of residence
- My job is being transferred out of the area
- I am unable to afford membership
- I do not have enough time / motivation to visit the club
- I am dissatisfied with the club.  
Please explain: \_\_\_\_\_
- Medical reason with documentation
- School
- Joined Another Club
- Other:  
Please explain: \_\_\_\_\_

Please write your phone number and the best time to reach you: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wellness Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

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Expiration Date: \_\_\_\_\_ Last Bill Date: \_\_\_\_\_

Access Key / Card ID # \_\_\_\_\_  
(Staff, please collect access card from member and deactivate it from the system)