



Cancellation Request / Membership & Payroll Deduction

☐ County Employee Payroll Member
 ☐ County Employee Pay-By-Check Member
 ☐ Non-County Employee Member

Please fill out this form completely in order to ensure that your request is handled in a timely fashion. This form will serve as your request for **membership cancellation** at the Miami-Dade County Employee Wellness Center. You may be contacted for further feedback. Cancellation will be processed according to the criteria outlined in the **New Membership Agreement**.

Member's Phone Number: (____) _____ - _____ Email: _____

I, _____, with Employee Number _____, hereby request to cancel my membership at the Employee Wellness Center. I understand that as of today I relinquish all my rights to access the wellness facility and that, if I have an access card I will return it to club management immediately or according to the terms and conditions of my membership contract. I acknowledge that it may take up to 30-45 days for payroll deductions to cease and I will verify that any wellness center deductions are cancelled; otherwise I will contact my HR/payroll representative (not the club) to address further discrepancies. As of today I will adhere to the club's cancellation policies and fulfill any outstanding financial obligations.

Reason for Cancellation: (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> Cancelled due to Club's Occupancy Limit
<input type="checkbox"/> My job is being transferred out of the area
<input type="checkbox"/> I do not have enough time / motivation to visit the club
<input type="checkbox"/> Medical reason with documentation
<input type="checkbox"/> I am dissatisfied with the club. <i>(please provide feedback using the back of this page or by calling 305 375-3910)</i>
<input type="checkbox"/> Other / Please explain: _____ | <input type="checkbox"/> Relocation of residence
<input type="checkbox"/> I am unable to afford membership
<input type="checkbox"/> School
<input type="checkbox"/> Joined another health club |
|--|---|

IMPORTANT: Member is responsible for reviewing his/her paycheck 30 days following cancellation to ensure payroll deduction ceased. Be aware that Dade-County will not grant retroactive reimbursements greater than two payment cycles (\$18) following errors, omission or delay in processing payroll cancellations.

Member Signature: _____	Date: _____
Club Staff Signature: _____	Date: _____
Wellness Director: _____	Date: _____

Office Use Only

Expiration Date: _____ Last Bill Date: _____

Access bar code / Card ID # _____
(Staff, please collect access card / bar code from member and deactivate it from the system)

Access Card Returned? Yes No

The Employee Wellness Center is managed by Aquila, Ltd., Health & Fitness Solutions under the supervision of the Internal Services Department. Please direct all inquiries to the Club's Management Team or to ISD / Facilities Management Division.