



### Membership Cancellation Form

We hope you have enjoyed your experience at Lakeshore Athletic Club and we are sorry that you have made the decision to cancel your membership. Please read and complete this form fully and accurately, as your feedback is extremely important to us.

Membership Resignation Procedures

1. **One full calendar month** notice is required in writing.
  - a. Paperwork that is received after the 20<sup>th</sup> of the month, will take affect the end of the following month. *(Example- Paperwork received on May 21<sup>st</sup> will cancel on June 30<sup>th</sup>.)*
2. Any outstanding account balances must be paid in full to cancel your membership

Please note that a reinstatement fee will apply upon rejoining.

Member Survey Please take a moment to answer the following questions:

In an average week, how many days did you utilize the Club?

0-1                      2-3                      4-5                      6-7

Club satisfaction level?

Very satisfied                      Satisfied                      Average                      Below Average                      Dissatisfied

Please rate Lakeshore in the following areas (1- Very poor; 3-Average; 5-Superior)

Front Desk Team	1 2 3 4 5	Spa Treatments	1 2 3 4 5
Management Team	1 2 3 4 5	Fitness Equipment	1 2 3 4 5
Group Fitness	1 2 3 4 5	Kidshore Facilities	1 2 3 4 5
Swimming Pools	1 2 3 4 5	Locker Rooms	1 2 3 4 5
Café and Bar	1 2 3 4 5	Cleanliness	1 2 3 4 5

Reason for resignation \_\_\_\_\_

I would consider staying a member under the following conditions \_\_\_\_\_

I would consider reinstating in the future Yes \_\_\_\_\_ No \_\_\_\_\_

Member Name \_\_\_\_\_ Member # \_\_\_\_\_

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

<b>For Club Use:</b>		
Account Balance \$ _____	Date Received _____	Effective Date of Termination _____
Staff Initials _____		