



Membership Cancellation Form

Name _____ Date _____

Membership Type

- NOAA Payroll Deduction
- FAA/DOT Payroll Deduction
- Online Subscription

Reason for Cancellation

- Leaving SSMC
- Retiring
- Increased Workload/Lack of time
- Working out elsewhere
- Telework Schedule
- Other: Please Specify _____

Locker

Do you have a locker?

- Yes (Locker #: _____)
- No

Please provide your feedback by rating the following on a scale of 1-5.
(1:needs improvement, 5:excellent)

Cleanliness _____
Exercise Equipment _____
Friendliness of Staff _____
Fitness Center Meets Your Needs _____

Additional Comments/Suggestions:

FOR STAFF USE:

Cancellation Processed by: _____ Locker Processed: _____ Date: _____