



The Clubs at Charles River Park
The Wellness Center at MGH

55 Fruit Street, FIT
Boston, MA 02114
(617) 726-2900
FAX (617) 726-3131

Membership Cancellation Form

To be filled out by member

PLEASE PRINT

Name: _____

Address: _____
number street apt.# city state zip

Phone # _____ Fax # _____

How long have you been a member at CCRP?

- 1-6 months 2-5 years
 6-12 months 5 + years
 1-2 years

Why are you canceling your membership?

- moving
 medical reasons
 lack of use (please explain) _____
 dissatisfaction (please explain) _____
 other: _____

What changes can we make to better serve our members? _____

What were your interests at CCRP? (please check all that apply)

- group fitness classes indoor pool swim lessons
 cardiovascular machines steam room/sauna outdoor pool
 free weights personal training other: _____
 strength training machines massage

Do you have a locker? _____ if yes, locker # _____

* 3 days after your expiration date your belongings in the rental locker will be disposed of.

I understand that all membership/locker cancellations are effective at the end of the month and to cancel my membership a signed written notice must be received by the 20th day of the last month membership is desired. The termination of my health club membership/locker will be effective the last day of _____ (month/year).

I realize that reinstating my membership may include an additional rejoin fee or initiation fee.

Signature: _____ Date: _____

STAFF NAME: _____ DATE RECEIVED: _____

Membership #: _____ Membership Type: _____

Administrative use only

CSI: _____ Locker: _____ Track: _____ EFT/Payroll: _____

Notes: _____