



CANCELLATION FEE \$ _____

Any information regarding the above cancellation fee must be in writing (use back of form). Thank you.

Email: shamby@vandaliaohio.org

FAX: 937-890-7748

Mail: 1111 Stonequarry Rd, Dayton OH 45414

Membership Cancellation

Please print - Name: _____
(Name as it appears on membership)

Address: _____

(city / state) (zip)

Phone: _____

Please cancel my membership to the Vandalia Recreation Center for the following reason:

_____ Moving (please provide new address below)

_____ Illness/medical reason

_____ Not used enough

_____ Dissatisfied
(Please specify in space below)

_____ Other (please specify in space below)

**** Cancellation request must be received at least 10 days prior to your EFT draft date.
(email, fax or mail – ATTN: Front Desk Supervisor)**

**** Per your signed authorization form, if you cancel in any month, other than the month you joined, a \$50.00 cancellation fee applies. The cancellation fee will be your last EFT withdrawal unless you pay this separate, prior to the withdrawal date.**

Signature _____ Date _____

Thank you for your patronage to the Vandalia Recreation Center!

Staff initials _____

Date: _____