



Member Cancellation Form

Primary Member: _____ Scan Card #: _____

Current Mailing Address: _____ Zip: _____

Contact Phone: _____ Email: _____

Locker #: _____ Ladies Men's

REASONS FOR CANCELLATION

- Relocation
- Financial
- Lack of Use
- Dissatisfied with Service
- Joined Another Facility
- Physical Inability (attach a letter from physician)
- Job Change
- Other _____

CANCELLATION POLICY

Cancellations submitted the 1st-15th will be effective the end of that current month and will not incur any additional dues. Cancellations submitted 16-31st will be charged an additional billing cycle and effective date will be the end of the following month. Upon receiving your completed cancellation request member authorizes collection of final month's dues from the draft method on file. A termination fee of \$150 will be applied at cancellation to members who have not fulfilled their original agreement.

This serves as notice that I would like to cancel my membership and I understand all dues and fees must be paid in full before cancellation will take effect.

Signature: _____ Date: _____
Responsible Party

Cancellation forms can be remitted to **ihhealthyiving@christushealth.org**. You will receive an email notification of when it is received by our business office with an effective date of cancellation to the e-mail provided. You may also access your account information by visiting **gs.clubautomation.com**.

STAFF USE ONLY

Agreement Fulfilled: N/A Yes No Uncancel (rescind cancellation request)

Date Received: _____ Effective Date of Cancellation: _____

Balance on Account: \$ _____

*Cancellation Fee: \$ _____

Final Month Dues: \$ _____

Total: \$ _____ MSA _____



Member Cancellation Survey

Please take a moment to complete the survey below regarding CHRISTUS Good Shepherd Institute for Healthy Living. Your feedback is important and will be used to improve our facility.

1) Did we adequately service your needs? Yes No

2) Do you have a question or concern that our staff did not address? If so, please list below in the space provided.

3) Which of our services would you recommend to others looking for a medically integrated fitness facility?

4) Do you have any suggestions on improvements for our facility?

5) What aspects did you enjoy the most about our facility?

6) What aspects did you enjoy least about us?

7) Would you consider re-joining our facility in the future? Yes No

8) Were you made aware of the following alternatives to cancelling your membership?

- You can freeze your account up to a maximum of three months without losing your contract with our facility.
- You have the flexibility to downgrade or upgrade your account.
- We are a no-profit organization and have scholarships available for those in need of financial assistance.
- Your insurance company may offer reimbursement. Yes No

If you would like additional information on alternatives to canceling your membership, please contact the Member Services Desk in person or by calling (903)323-6511. Thank you for your response.