



## Membership Cancellation/Extension Form

***Please Print***

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Membership #: \_\_\_\_\_

Family (if applicable): \_\_\_\_\_

Membership #(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Locker #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Membership Classification (please circle one):    Family            Adult            Youth            Senior

Canceling or Extending (please circle one):    Canceling Membership    /    Extending Membership

*\*If extending; how long do you anticipate being gone for?* \_\_\_\_\_

Reason for Cancelling/Extending:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A confirmation receipt of a cancellation will be emailed to the above e-mail address. If you do not receive an email, please call the CSBCC at 603.542.7019.
- NOTE: It is the member's responsibility to check their financial statement for accuracy and that charges have been cancelled.

Cancellation Policy:

- Cancellations made within the first 3 months of join date are subject to a **\$25 Cancellation Fee.**
- Approved payroll deductions will terminate on the next earliest payroll date.
- **Note - Cancellations:** If you cancel prior to your monthly anniversary date your payment will stop that day and you will not be charged for the next month.
- Once a membership is cancelled, there is no guarantee that it may be reinstated.

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

Email form to [cccprograms@claremontnh.com](mailto:cccprograms@claremontnh.com) or turn into the front desk at the Community Center.

**OFFICE USE ONLY**

Date Received \_\_\_\_\_

\$\$\$ Refunded: \_\_\_\_\_

Approved By \_\_\_\_\_