



Newtown COMMUNITY CENTER

MEMBERSHIP CANCELLATION FORM

1. CURRENT PRIMARY MEMBER INFORMATION (PLEASE PRINT)

First Name _____ Mid Int: _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Birthdate _____

Phone _____ Email _____

2. PLEASE TELL US YOUR REASON FOR CANCELING

- Financial
- Location no longer convenient
- Medical or Health
- Insufficient usage
- Schedule conflict
- Relocation
- Unsatisfactory service
- Other _____

Comments: _____

****Please return completed form to NCC or email@ jessica.marion@newtown-ct.gov***

****Please remit key tags for all cancellations to the Welcome Desk***

MEMBERSHIP HOLD *(Memberships can be placed on hold for up to 4 months)*

Number of months withholding draft _____

Restart Month: _____

Reason: _____

3. Member Signature _____ Date: _____

All membership holds/terminations require a 30 day written notification

FOR OFFICE USE ONLY:

Restart date: _____
Final date of membership: _____

Date Processed: _____	Initials: _____
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