



Marengo Park District

Serving the Community Since 1938

825 Indian Oaks Trail, Marengo, IL 60152, 815-568-5126

www.marengoparkdistrict.org

FITNESS MEMBERSHIP CANCELATION FORM

Member's First and Last Name _____

Address _____ City _____ Zip _____

Email _____

Home phone # _____ Cell phone # _____

Please tell us why you are choosing to cancel your membership (mark all that apply)

_____ Cannot Afford

_____ Do Not Use Enough

_____ Equipment/Amenities

_____ *Medical (must provide Doctor's note)

_____ Relocation (must provide proof of new address i.e
utility bill, driver's license, rental/lease agreement, or letter
from your employer stating relocation)

_____ Other _____

Other membership options to be canceled

Locker Membership _____ Sauna Membership _____

Fully completed and submitted Cancellation Form received at least seven (7) days prior to your next automated payment. Cancellation Form received less than 7 days before your next billing period will be processed in the following month, which will include all billing amounts and an active membership through the upcoming month.

I consent to these Cancellation Terms and agree to any fees mentioned above in order to terminate my Fitness Membership / Locker Membership / Sauna Membership with the Marengo Park District.

Completing this form does not mean your membership has automatically been processed. This form is simply a cancellation request, which will be reviewed by a Marengo Park District staff member prior to processing your cancellation. If cancellation fees are required, you will be contacted by email from a Marengo Park District staff member. Your membership will not be cancelled until paid. In any situation, a confirmation email/receipt will be emailed to you after your cancellation has been approved and processed.

Member Signature _____ Date _____

OFFICE USE ONLY: DATE SUBMITTED: _____

RECEIVED BY - STAFF MEMBER: _____

MEMBERSHIP ACTUAL CANCELATION DATE: _____