



PASS CANCELLATION FORM

Name: (print) _____ Membership Bar Code# _____

Phone# _____

Address: _____

I would like to cancel the following membership (indicate name and member #)

- I request that my Genesis Place Membership be cancelled (30 days notice required with written documentation or membership cancellation form). (Can still access the facility during the 30 day period)
- I am cancelling because?

- I acknowledge and accept that there is a \$50.00 cancellation fee.
- I understand the refunds are pro-rated from the 30 days notice after submission of the cancellation form. If I leave my refund amount on my account, it may be used for any additional services or programs at Genesis Place.
- All arrears need to be paid in full prior to cancellation of pass.
- Should I decide to rejoin Genesis Place, I will be subject to pay the current membership rates.
- If I am eligible for a refund, I will be reimbursed the way I paid (all efforts will be made to be reimbursed the same way as original payment); reimbursement must be made on the same card. No cash refunds. (Cash transactions will be issued by a cheque).
- Please indicate refund method of payment.
 - Visa
 - Master Card
 - Cheque (please note there is a 2-3 week processing period)
- Make cheque payable to the original payer: _____
- Send to the following address:

- Please keep credit on account
- My Genesis Place facility access card is attached

Signature: _____ Date: _____

GP Staff Signature: _____