

Request to Cancel/Suspend Membership or Locker Rental

Name: _	Date of Birth:
Phone: _	Email:
Bethel P	O BOX: Alternate Mailing Address:
This requ	est is to: (select all that apply)
с	ancel Membership Start Date: Membership Type:
A B d A	nnual or non renewal memberships may be canceled/suspended if members move from the Bethel area, have been sent from the ethel area for work purposes, or if medical issues contraindicate use of the facility. Pro-rated refunds are available for individuals who o not anticipate returning to the facility within the year. Individuals whose facility privileges are revoked are not eligible for refund . uto-renewal cancelations must be received 7 days prior to renewal date. Requests received less than 7 days out will be processed for the following month's renewal.
С	ancel Locker Start Date: Locker Number
Lo A	becker rentals may be canceled at any time. Locker must be emptied and left in good condition before cancellation will be processed uto-renewal cancelations must be received 7 days prior to renewal date. Requests received less than 7 days out will be processed for the following month's renewal.
A	uspend Membership (Auto renewal only) Start Date: End Date uto-renewal memberships may be paused/suspended for up to 3 months. Request must be received 7 days prior to renewal date. equests received less than 7 days out will be processed for the following month's renewal.
Purpose o	of this request is:
l a	m moving out of Bethel. Please enter move date
M	employer is sending me out of Bethel for work. Please attach employer confirmation of dates.
Me	edical Please explain in comments below or attach documentation.
Ot	her:
Commen	s: (Include comments below or attach additional pages)
Signature	: Submission Date:
Submit re	quests to <u>ykfc@cityofbethel.net</u>
	Underted 0/17/21

Updated 9/17/21