Shaw JCC Akron

Date Received: ___/___/___
Received By _____

Membership Cancellation Form

We are sad to see you go! By completing this survey, you are submitting your 30 days' notice of cancellation, which will include one more month's membership draft. You will also help us to understand how we can better serve our membership.

If your cancellation notice is being submitted prior to your contract completion, you will be charged a $100 early cancellation fee as well as your 30 days' notice of cancellation at the time of your cancellation request.

Please contact us if we can be of any assistance, now or in the future. We hope that one day you will choose to rejoin the Shaw JCC.

Last Name:	**First Name**	**Member ID**	
Street Address:	City	State	Zip
Email:		Phone:	

1. What are the reasons you are discontinuing your membership? ***(Circle all that apply)***

Job relocation	Medical	Joined another facility
Programs offered	Lack of time	Geographical
Moved	Hours of operation: What time would be better? _____	
Facilities	Other: (please explain): _____	

2. What parts of the JCC did you utilize?

Fitness Center	Fitness Classes	Senior Adult Programs
Sports League	Indoor Pool	Outdoor Pool
Swim Lesson Camp	Child Care	Preschool Youth Activities
SACC	Birthday Parties	

3. Please rate the following aspects of the JCC, 1 being the LEAST satisfying and 5 being the MOST satisfying:

Friendliness of Staff	1	2	3	4	5
Quality of Programs Offered	1	2	3	4	5
Sports & Fitness Equipment	1	2	3	4	5
Value of Membership	1	2	3	4	5
Cleanliness of Fitness Area	1	2	3	4	5
Cleanliness of Locker Rooms	1	2	3	4	5
Overall Cleanliness of Facility	1	2	3	4	5

Dawn Heffner
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Schultz Campus for Jewish Life | 750 White Pond Dr. Akron OH 44320

For Office Use
Membership End Date _____/_____/_____
Final Draft Date _____/_____/_____
Audited By_____