



Stayton Family Memorial Pool

400 W Virginia St. Stayton, Or 97383 503-767-7665



Membership Cancellation Application

Card Number

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Please Select Membership and Payment Type:

- Resident (Must Pay City of Stayton Taxes)
- Non - Residence
- Auto Pay Monthly (form attached)
- Monthly
- Yearly
- Family (2 adults and children under 17yrs living in household)
- Adult
- Senior (59 yrs & up)
- Senior Couple
- Youth (1 yrs - 17yrs)

Primary Member			Draft / Payment date: _____		
First Name		MI	Last Name		
Mailing Address			City	State	Zip
Home Phone		Email			

Primary Reason(s) for Cancelling Membership - check all that apply

- Change in family structure
- Deceased
- Dissatisfaction w/ facility
- Dissatisfaction w/ program offerings
- Hours of operation
- Lost of motivation
- Medical Reason
- No longer using facility
- Relocation
- Joined another Gym

All Membership Cancellations must be done in writing

The City of Stayton - Stayton Family Memorial Pool is not responsible for bank charges of any nature. We must receive written notification of cancellation no later than 30 days prior or your scheduled draft date to avoid the draft occurring for that month. Cancellations prior to 30 days before your scheduled draft date will have a non-refundable draft occur. For example, to stop a bank draft prior to your scheduled 15th of the month draft date, the city of Stayton - Stayton Family Memorial Pool must receive written notification no later 14th of the prior month. Less than 30 days will result in a charge for the month and your membership will remain in good standings for the next month.

Signature _____

Date _____

For Office Use Only:		
Date of Cancellation _____	Staff Initials: _____	Membership Cancelled: Y / N