

CANCELLATION/FREEZE/PAYROLL DEDUCTION

Phone: 304-696-4REC (4732)
www.marshall.edu/campusrec

***MARSHALL HEALTH & MURC ONLY.**

PERSONAL INFORMATION (PLEASE PRINT):

MEMBER #: 901# (IF APPLICABLE):

LAST NAME: FIRST NAME: M.I.:

STREET:

CITY: STATE: ZIP:

PHONE NUMBER: E-MAIL:

CANCELLATION/FREEZE:

- CANCEL CHANGE
- FREEZE (UP TO 3 MONTHS) From (1st of month): _____ To (end of month): _____

REASON FOR CANCELLATION

- Financial Non-Usage Eligibility Ended
- Medical Relocation Other (please explain)

PAYROLL DEDUCTION (IF APPLICABLE):

- Marshall Health MU Research Corp

MONTHLY DRAFT FEES:

- | | | |
|--|--|--|
| <input type="checkbox"/> MARSHALL EMPLOYEE (\$44) | <input type="checkbox"/> FRIENDS AND AFFILIATES (\$58) | <input type="checkbox"/> LOCKER (\$10) |
| <input type="checkbox"/> ASSOCIATES (\$44) | <input type="checkbox"/> ALUMNI (\$51) | <input type="checkbox"/> MARSHALL HEALTH FITNESS PROGRAM (\$25) |
| <input type="checkbox"/> PEIA (\$20) | <input type="checkbox"/> CHILDREN OF STUDENTS (\$12) | <input type="checkbox"/> RECENT ALUMNI (\$46)
(Valid 12 months) |
| <input type="checkbox"/> HOUSEHOLD MEMBER (\$31 FOR EACH PERSON) X ___ (# of dependents over 16) | <input type="checkbox"/> CHILDREN OF NON STUDENTS (\$15) | <input type="checkbox"/> FAMILY 4+ (main member +\$51) |

Name of Primary Member:

TOTAL AMOUNT:

AMOUNT PER PAYCHECK (IF APPLICABLE):

EFFECTIVE DATE:

TERMS AND CONDITIONS:

Applicant, please read and sign: All memberships are subject to verification for proper classification. False and inaccurate information may result in a loss of membership and future access. Members will provide all documentation necessary to receive appropriate membership rates as determined by my membership class. Members understand that their membership is non-refundable and non-transferable. All payroll deduction or Auto Draft memberships are on a monthly basis and can only be canceled at the request of the member. Cancellation forms must be submitted by the 15th of the prior month. Cancellation dates may vary for payroll members based on pay date. Memberships may be frozen for up to 3 months at a time no more than twice per year; freezes occur from the 1st of the month through the end of the month. Submission must be provided by the 15th of the prior month for a membership freeze. Failure to do so will result in membership renewal for the following month. It is the member's responsibility to notify campus recreation immediately of any changes in bank/credit card information or payroll deduction. Campus Recreation will charge a \$10 penalty if your credit/debit card is declined for any reason. Members also understand that the Marshall Recreation Center will be closed for a minimum of 1 week at the end of the spring semester for annual maintenance and repair as well as select holidays, campus closures and other emergency situations and my membership will not be extended or refunded due to these closures. Campus Recreation reserves the right to increase or add fees with 30 days notice to members. *My signature signifies that I have read and understand the terms and conditions.*

Updated January 2025

Member's Signature:

Office Use Only:

Staff Name:

Date: