



**USDA ESRA FITNESS CENTER
CANCELLATION OF CREDIT CARD DRAFT AND MEMBERSHIP**

This form is notification to the ESRA Fitness Center that I request my automatic credit card withdrawals to be stopped and that my membership is cancelled. **I understand that I must submit written notification 72 hours before my membership renewal date.**

Member's Name (please print)

Date submitted to ESRA

Signature of Member

ESRA Staff Signature

Reason for Cancellation (please check all that apply)

- Relocating
- Vacation or away for the season
- Non-usage
- Value of Membership is not equal to the price
- Home gym
- Joined another facility
- Medical
- Other: _____

Please grade the following areas: (A = high rating; F = poor rating)

Cleanliness of gym	A	B	C	D	F
Friendliness of the staff	A	B	C	D	F
Competence of the staff	A	B	C	D	F
Overall quality of classes provided	A	B	C	D	F
Overall value of ESRA membership	A	B	C	D	F
Convenience of scheduling	A	B	C	D	F
Maintenance of equipment	A	B	C	D	F
Locker room and showers	A	B	C	D	F

What else would you like to tell us about the ESRA Fitness Center?

