



## Membership Cancellation Form

We are disappointed that you have chosen to discontinue your membership at the J. By completing this survey, you are submitting your 30 days' notice of cancellation. 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, the remaining months of membership dues will be due, lesser 3 months, at time of 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.

<b>Last Name:</b>	<b>First Name</b>	<b>Member ID</b>	
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 |

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For Office Use  
 Membership End Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Final Draft Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Received By \_\_\_\_\_ Audited By \_\_\_\_\_