



Mittleman

Jewish Community Center

Schnitzer Family Campus

6651 SW Capitol Highway, Portland, OR 97219

P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

Cancellation Request Form

(Must be received by 20th day of current month to avoid next month's dues) Please note: all memberships are for a minimum initial term of one year. Therefore, no cancellations are effective during the first 12 months of membership.

Today's Date: _____ Date Joined: _____

Name(s): _____ Member #: _____

Address: _____ City: _____ ZIP: _____

Phone (Home): _____ (Work) _____ Date of effect: _____

Please help us to improve our service by indicating the reason you are cancelling the membership. If you have staff or facility related concerns, we would greatly appreciate learning them:

Relocation

Health/Medical

Competition

Dissatisfaction (Staff)

Financial

Dissatisfaction (Facility)

Travel

Other (comment below)

Comment(s):

I/we intend to cancel my/our MJCC membership as of the end of this month. (If the date is after the 20th of the month, I/we understand that cancellation will be effective as of the last day of next month) I/we understand that at that time I/we will no longer be eligible to use the MJCC facilities. I/We am also responsible for all membership fees and charges on my account through the cancellation date. I/we also understand that by terminating my/our membership, I/we am forfeiting any and all fees paid to join the MJCC and will be subject to the prevailing membership policies and rates, including all fees, if I decide to rejoin at a later date. I/we also understand that if I/we rejoin at a later date the membership priority date will begin a new period as of the date I rejoin. I/we agree to return my/our membership card(s) by the date of termination.

Signature _____ Date _____

Received by: _____ Date Received: _____ Approved by Financial Office: _____ Filed: _____

Removed from email lists: _____ Received by: _____ Date: _____