



## TERMINATION OF MEMBERSHIP

Today, I, the undersigned, hereby terminate my faculty/staff individual membership at The George Washington University (GWU) Lerner Family Health and Wellness Center (HWC). With this termination, I will no longer pay for gym access nor require it on my University identification. Additionally, I recognize that terminating my membership immediately will forgo any further additional use of the facility and I am not entitled to a reimbursement if member fees have been reasonably processed as a benefit through a payroll deduction. As is applicable, I authorize the HWC Membership Office to either:

(CIRCLE ONE)

- notify the University Payroll Office to cease (bi-weekly/monthly) deductions from me for payment of my use of the facility through an annual membership fee, *or*
- provide me with a prorated monthly refund of my annual membership fee initially paid by check to the University.

FACULTY/STAFF NAME (PRINT) \_\_\_\_\_

GW ID # \_\_\_\_\_

MAILING ADDRESS (IF APPLICABLE  
AND YOU ARE RECEIVING A REFUND  
CHECK FROM GWU) \_\_\_\_\_  
\_\_\_\_\_

FACULTY/STAFF SIGNATURE (SIGNED) \_\_\_\_\_

DATE \_\_\_\_\_

For Staff Use:

Date submitted:

Initial: