



Cancellation Request Form

Member Name: _____ Today's Date: _____

Cancellation terms:

Phone: _____

- All members wishing to cancel their membership must inform the Vail Athletic Club by the 15th day of the month prior to the month they'd like to make a change to their membership account.
- By canceling your membership, you will be required to pay another initiation fee if you rejoin. You will be rejoining under the current membership rates, not under the rate you previously had.

Please cancel my membership starting the 1st of the month of: _____

Reason for cancellation: _____

Member signature: _____

V.A.C. Use Only

Entered by: _____ Date: _____