



Membership Resignation Form

The South Barrington Club ♦ 3 Tennis Club Lane ♦ South Barrington, IL 60010
Phone: (847) 381-2570 ♦ Fax: (847) 381-4697 ♦ sbpd.net

You may resign your membership for any reason, provided that your initial 12 month commitment has been fulfilled and that the South Barrington Club is in receipt of this form. Memberships are only cancelled at the end of a month, therefore, partial credit is not granted. The following information must be completed and submitted to the Membership Department, who will notify the exiting member of the exact date their membership will end.

If your membership had been pre-paid on an annual basis, you will forfeit your 3% annual membership discount from previous months and your refund for any whole months remaining will be calculated accordingly.

Once your membership has been cancelled, any benefits from discounted park district programs, tennis lessons, etc. will be discontinued. Further, there will not be any refund of fees paid for permanent court time or locker rental unless these items are able to be resold.

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Type of Membership: _____ Date Joined: _____ Desired End Date: _____

I hereby submit my resignation from the South Barrington Club. I understand that in accordance with said agreement, my membership privileges will continue until the end of the month. I also understand that if I decide within thirty days from the cancellation date to resume this membership, I may do so with the payment of one month's dues and the initiation fee will be waived. Should I reapply for membership after thirty days from today's date, I will be liable for all applicable fees at that time.

If I have an EFT arrangement on file, I authorize South Barrington Club to execute that payment on any carryover balance being paid on the 7th of the next month. If I have a balance on file, I understand that I am liable for payment in full.

Signature: _____ Today's Date: _____

Please take a moment...

In order to help us improve the club, please tell us why you are resigning. Your input is appreciated.

- Not Using Relocation Joined another club: _____
- Financial Medical Other: _____

What were your main areas of use?

- Tennis Pool Usage Restaurant Group Exercise Classes Badminton
- Free Weights Sauna Basketball Fitness Center Nursery

How many times per month did you use the club? _____

Your overall rating of the South Barrington Club : Low 1 2 3 4 5 6 7 8 9 10 High

Your overall Rating of our staff: Low 1 2 3 4 5 6 7 8 9 10 High

Are there any conditions under which you would consider remaining a member? Yes No

If yes, please explain: _____

Would you consider rejoining at a later date? Yes No

Do you have any recommendations for improvements at the club? _____

What is the most outstanding feature of the club? _____

For Office Use Only:

Date Received by Membership Office: _____

Date Membership Ending: _____

If Applicable, annual refund: \$ _____

Approved by Finance Manager: _____

Revised 9/2015 JML