



HEALTH AND HUMAN SERVICES DEPARTMENT

Pueblo de San Ildefonso
02 San I Senior Rd, Building B.
Santa Fe, NM 87502
Phone: (505) 455-4114 or (505) 455-4115



Community Wellness Center Membership Cancellation Form

1. Member Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: (____) ____ - ____

Email Address: _____

Home Address:

- Street: _____
- City: _____ State: _____ ZIP: _____

2. Membership Type

Please indicate your membership plan:

Member Names:

☐ Youth (ages 10–18) – \$10/month

☐ Adult (ages 19–49) – \$20/month

☐ Senior (50+) – \$10/month

☐ Monthly ☐ Bi-Annual ☐ Annual ☐ Pay-Per-Use

3. Reason for Cancellation (*Check all that apply*)

☐ Moving away

☐ Financial reasons

☐ Medical reasons

☐ Not satisfied with services

☐ No longer using the center

☐ Other: _____

4. Cancellation Notice & Terms

☐ I understand that my cancellation will be processed **effective the date this form is received** by the Wellness Center staff.

☐ I understand that **membership fees are non-refundable**, and I may continue to use the facility until the end of my current billing cycle (if applicable).

☐ I acknowledge that I may reapply for membership in the future, but re-enrollment is subject to availability and current rates.

5. Signature & Authorization

I hereby request to cancel my membership with the Community Wellness Center and acknowledge the terms outlined above.

Member Signature: _____

Date: ____ / ____ / ____

Staff Use Only

Date Received: ____ / ____ / ____

Received By (Staff Name): _____

☐ Cancellation Confirmed ☐ Access Deactivated ☐ Database Updated