

Member Resignation or Billing Inquiry Form

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Name: _____ Date: _____

Daytime Phone #: _____ Evening Phone #: _____

Membership #: _____ Date of Birth: _____

Please mark your current payment method for membership dues.

Monthly Statement _____ Lump Sum _____

Select the action you would like taken on your membership account.

- Permanently cancel* my membership.
- Billing Inquiry (Please explain.) _____

** Please note that 30 days written notice is needed for account termination.*

Please indicate your #1 reason for canceling your membership:

- I have joined another facility.
- The location of the Dayani Center is not convenient for me.
- Current or upcoming travel will prevent me from using the center.
- A health problem/injury or therapy prevents me from using my membership.
- I lack the time; I am not motivated; I don't feel I'm getting good results from my exercise.
- Cost or financial limitations
- Other: (Please briefly describe.) _____

What could we have done to improve your membership experience?

Your resignation becomes effective only after all payment obligations have been fulfilled.

Member Signature

Membership Director Signature

Vanderbilt Dayani Center
Health and Wellness

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