

PLEASE FILL OUT FORM AND EMAIL TO [CAMPUS-RECREATION@MEMPHIS.EDU](mailto:CAMPUS-RECREATION@MEMPHIS.EDU)

NAME

U NUMBER

Monthly Deduction    or    Biweekly Deduction

Amount of Monthly Deduction: Individual Membership    \$18    or    Household Membership    \$36

REASON FOR CANCELLATION

SIGNATURE

DATE