

UAB Office of Campus Recreation

Payroll Deduction & Credit Card Stop Form

Membership is a 12-month minimum commitment. Please allow 45 days for processing.

Date: _____

First: _____ Middle: _____ Last: _____

Deduction Type: UAB HSF Health Systems Eye Found. SRI
 Chil. Hosp. OSF AL Systems Credit/Debit Card Draft

Employee Number (located on pay stub): _____

Payroll Status: Monthly: _____ Biweekly: _____

Address: _____

Phone# (Between 8am - 5pm): _____

E-mail Address: _____

Please check the monthly deductions you would like stopped:

Fac/Staff (\$30) Alumni (\$40) Rec. Alumni (\$30) Other/Affiliate Org. (\$40) HHM (\$20) Dependant (\$5)

Do you have a locker? Y N

(Please remember to remove your belongings before the last day of your membership. If you do not remove items, they will be bagged and stored at the Equipment Issue Desk for one week, then destroyed or donated)

Please take a moment to tell us why you are cancelling your monthly deductions:

After 12 months, memberships can be terminated at any time; however, when stopping your membership you must provide the Office of Campus Recreation 45 days notice prior to the 1st of the month which you would like the membership terminated. For example, if you plan to terminate your membership on Aug. 31, you need to return this form on or before June 15.

Signature of Participant: _____ Desired Cancellation Date: _____

For Office Use Only

Last Deduction Date: _____ exp. date: _____ Manager Approval: _____

Rejected Due To: _____ Date of Rejection: _____

Other actions taken: _____



1. What caused you to initially consider not renewing your membership?

- a. Change in role or career and no longer involved in this area
- b. Unable to actively participate
- c. Retiring
- d. Relocation
- e. Enrollment in other fitness facility
- f. Time constraints
- g. Locker availability
- h. Lack of programs offered (please specify): _____
- i. Other: (please specify): _____

2. What would make you more likely to continue your membership?

- a. Offer a specific program (please specify): _____
- b. Offer child care for children under 4
- c. Expand the facility hours of operation
- d. Offer additional parking
- e. Locker availability
- f. Offer additional Ufit classes (please specify): _____
- g. There is nothing that would allow me to continue my membership at this time

3. If we were to offer the item selected in Question 2, would you consider rejoining/continuing your membership with us?
 YES NO

4. On a rating of 1 – 5 (Where 1 is poor and 5 is excellent), how would you rate CRCT's customer service?

1 2 3 4 5

5. On a rating of 1 – 5 (Where 1 is poor and 5 is excellent), how would you rate CRCT's facility overall?

1 2 3 4 5

6. Is there anything else you would like to share with us that may help improve the facility or your experience here?

If for any reason you would like a member of the CRCT to contact you or you would like to provide additional information, please provide your name and telephone number on the lines provided below or send us an e-mail at recmembership@uab.edu

Name: _____ Daytime Number: _____

Email: _____ (I prefer to be contacted via email: Y N)

All results are confidential and completely anonymous. Survey results will only be reported in a summery format. All open-ended comments will be shared exactly as they are written, so please omit any personally identifiable information if you wish to remain anonymous.