

MEMBERSHIP CANCELLATION

1. Cancellations may be granted under the following circumstances and with appropriate documentation:

- Death - Memberships will be terminated upon notification of death. Written documentation will be required from the executor of the estate.
- Disability - Membership may be canceled with written documentation from a member's physician stating that the member is directed to discontinue use of the facility and services.
- Relocation - Membership may be canceled with valid documentation of relocation 20 or more miles from the facility. Duke Center for Living must be notified in writing 30 days prior to cancellation of membership.
- The refund of membership fees will be prorated in monthly increments.
- **Members may not use services that are on canceled account without incurring additional charges.**

2. Complete Member Information:

Be sure to include information on all members for whom this cancellation is requested. In the case of a couple or family request, include each individual's name.

Member Name(s) & Account # _____

Phone Number (Home) _____ (Cell) _____

3. Identify Reason for Canceling:

☐ Death ☐ Disability (Health Concerns) ☐ Relocating ☐ Recontracting

Supporting Documentation:

☐ Is attached ☐ Is expected by _____

Additional comments

I hereby agree that the above information is accurate and I authorize the Duke Center for Living and the Galloway Ridge Inc to amend my Membership Agreement and billing status accordingly.

Member Signature _____ Date _____

FOR OFFICE USE ONLY:

Contract will expire on _____ Date entered _____ Staff initials _____

PIF Contracts Only: Original Exp. date _____

Original monthly amt _____ Multiply by # of months left on account _____ = Refund amt _____

Membership Cancellation



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