

Membership Cancellation Form

Request Membership Cancellation

Please Print Legibly

Today's Date: _____

Name: _____

Beacon Card Number:# _____

UMB Email: _____

Phone Number: _____

HR Notes

*Our membership follows the same schedule as payroll

Please fill out the information and return to the Member Services desk located on the first floor of McCormack Hall in the Beacon Fitness Center (or email). Please allow 3 business days for your request to be processed. Any questions; contact: UMBRec@umb.edu

Member Services Station Hours:

Mon-Fri- 9:00AM-5:00PM

