APPLICATION FOR TERMINATION OF JOINT MEMBERSHIP

Please complete and return to the Faculty Club. Fax # (416) 971-2062.

(Regarding the progress of your request please contact U. of T. Human Resources at 416-978-2113)

NAME _____ PERSONNEL NUMBER _____

UNIVERSITY ADDRESS _____

_____

_____

JOINT MEMBERSHIP NUMBER _____ **Date of Termination** _____

NOTE: The membership year runs from July 1 annually and the regulation is that membership can only be terminated within the fiscal year because of illness or mitigating circumstances.

I wish to terminate my joint membership for the following reason:

ILLNESS: _____ Please describe briefly (Medical confirmation required).

_____

_____

OTHER: _____ Please describe briefly.

_____

_____

STUDENT # _____ ENROLLMENT DATE _____
(Must be provided if enrolled at U. of T.)

I do not have a locker/lockerette _____
I do have a locker/lockerette _____
Physical Education & Health # ☐ Hart House # ☐

Signature _____ **Date** _____

_____

Termination approved by:
Faculty Club _____ Date _____
Athletics & Recreation _____ Date _____
Hart House _____ Date _____
Copy of approval sent to Personnel Department. Date _____