

THE EARL B. AND STEPHANIE S. BLOMEYER HEALTH FITNESS  
CENTER AT EMORY

**AFFILIATE PARKING CANCELLATION FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

This is to notify you of my intent to cancel my affiliate parking,  
effective \_\_\_\_\_. I understand that the **Earl B. and Stephanie S. Blomeyer  
Health Fitness Center at Emory must receive this notice by the 7<sup>th</sup> of the month** to be  
effective the 1<sup>st</sup> of the following month. Also, I understand that **I must return the  
hangtag to The Blomeyer Health Fitness Center** upon termination of my parking  
agreement. This cancellation is effective only if all contractual obligations regarding  
payments have been fulfilled. I understand that have parking privileges at the fitness  
center until the end of \_\_\_\_\_.

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

Hang tag returned? \_\_\_\_yes \_\_\_\_no (check one)      Staff Initials \_\_\_\_\_

Hang tag number: \_\_\_\_\_      Bar Code Number \_\_\_\_\_