

CHAMBERLAIN STUDIOS OF SELF DEFENSE™

MEMBERSHIP RESIGNATION

Bring this form to the Business Office or submit it by Fax or mail

Date:

Member Name: _____

Email: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

List family members: _____

Chamberlain Studios™ has been proud to serve you by providing the best in martial arts. Please take a moment to provide us with valuable feedback that will help to further improve our programs. Thank you.

	Excellent	Good	Fair	Poor
Instructors were knowledgeable and well trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class times were convenient and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities were clean and neat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum was easy to understand and follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were kept current on CSSD events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how would you rate your experience with Chamberlain Studios of Self Defense™?	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>

Any other comments? _____

Reason for resignation: Moving Financial Reasons No time Not using membership

Work relocation Other: _____

Would you prefer to freeze your membership? Yes No

Are there conditions under which you would consider staying a member? _____

If relocating, would you like to transfer your membership to a friend or family member? _____

I understand that I am resigning my membership from Chamberlain Studios of Self Defense and that this resignation will take effect in 30 days from today's date.

Name: _____

CSSD Staff: _____

Chamberlain Studios of Self Defense™ www.DallasKenpo.com

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