



MEMBERSHIP CANCELLATION REQUEST FORM

MEMBER NAME: _____ PHONE: _____ DATE: _____

EMAIL: _____ ADDRESS: _____

Your membership agreement must be fulfilled before cancellation unless you are moving at least thirty (30) miles from our location and eight (8) miles from your current address.

Your membership agreement **REQUIRES 30 DAYS WRITTEN NOTICE**. You are responsible for all fees until your cancellation is effective. You will continue to be billed until your cancellation has been approved and processed. Cancellations will **NOT** be processed if your membership account has a balance. This form IS a written notice. If mailing, please make a copy of this form for your records.

PLEASE TAKE A MOMENT TO LET US KNOW HOW WE'VE BEEN DOING IN THE FOLLOWING AREAS:

	Unsatisfactory	Poor	Fair	Good	Great
Customer Service from front desk staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness and atmosphere of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group exercise classes and schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Training experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REASON FOR CANCELLATION

- My Contract Is Up Moving Medical Reasons Too Costly
 Joining Another Gym Overcrowded Lack of Time to Workout Equipment
 Loss of Motivation Group Fitness Customer Experience Other: _____

Is there any way we can entice you to stay? _____

If moving, what is your new address?: _____

I, _____ acknowledge that the cancellation procedures and understand that I will be charged my membership dues until my cancellation has been approved and processed. I will have member access to the gym for 20 days after my final draft date.

Member Signature: _____ Date: ____/____/____

SECTION 2: TO BE COMPLETED BY FACILITY REPRESENTATIVE

Member #: _____ Additional Members: _____ Anniversary Date: _____

Draft Amount: _____ Draft Date: _____ Freeze Until: _____ Proof of Move Physicians Release

Notes: _____

SECTION 3: ENTER AND VERIFY

Final EFT Billing Date: ____/____/____ Membership Cancellation Date: ____/____/____ Submitted: ____/____/____