



## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_