

## **Fitness Center Membership Cancellation Form**

MEMBER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

TYPE OF MEMBERSHIP \_\_\_\_\_ MEMBERSHIP ID# \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ CANCELLATION DATE \_\_\_\_\_

(MUST BE CANCELLED 15 DAYS PRIOR TO CANCELLATION DATE)

CHECK PAYMENT METHOD:    *FULL PAY*            *BANK DRAFT*

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF PERSON CANCELLING \_\_\_\_\_

NO FULL REFUNDS ON MEMBERSHIP FEES. REFUNDS MAY BE CONSIDERED WITH  
WRITTEN COMMUNICATION TO THE SENIOR DIRECTOR.

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