



Membership Termination Form

IN ACCORDANCE WITH MY MEMBERSHIP AGREEMENT

Name:

Address:

Phone Number:

Email Address:

This will serve as my 15-day notice of termination. I understand that it will take 15 days prior to my billing cycle of this notice to stop the automatic draft from my account. I am aware that the \$100 joiners fee will be applied if I rejoin after more than 30 days.

REASON FOR TERMINATION

- Relocation Not Using Facility Medical / Illness Related
- Financial Changed My Mind Switched to Another Gym
- Other:

We care about our members! Please share with us why you are ending our relationship. Your comments will help us track our progress and enhance our services.

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Signature: Date:

For Staff Only:

Staff Initials: Today's Date: Last Day of Bank Draft: