

MEMBERSHIP CANCELLATION REQUEST

Note: Your cancellation request must be received 30 days prior to your cancellation date.

Today's Date: _____ Requesting Cancellation Effective on: _____

Member Name: _____ Phone Number: _____

Reason for Leaving:

- Financial Burden
- Medical
- Moving
- Lack of Use
- Dissatisfied (reason) _____
- Joined Another Facility
- Facilities Inadequate (please explain) _____
- Program Inadequate (please explain) _____

I understand that my cancellation request must be received 30 days prior to the cancellation date.

Member Signature _____ Date: _____

MEMBERSHIP SUSPENSION REQUEST:

Note: Your suspension request must be received 30 days prior to your suspension date. You may suspend your account up to two months within a 12 month billing cycle. You will be charged \$15 for each month you choose to suspend your account.

Today's Date: _____ Requesting Suspension Effective from _____ to _____

Member Name: _____ Phone Number: _____

Reason for Suspension:

- Financial Burden
- Medical
- Moving
- Lack of Use
- Other (please list) _____

I understand that my suspension request must be received 30 days prior to the suspension date. I understand that my account may only be suspended for two months within a 12 month billing cycle. I also understand that I will be charged \$15 for each month I choose to suspend my account.

Member Signature _____ Date: _____

TO BE COMPLETED BY STAFF:

Membership Cancelled on this date: _____
Confirmation Email send to client on this date: _____
Completed by: _____