



MEMBERSHIP CANCELLATION

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 Canceled on this date: _____

Confirmation Email send to client on this date: _____

Completed by: _____