

Membership start date

MM/DD/YY _____

Members Cancelling

A primary membership must always maintain an active status. If at any time the primary membership becomes inactive, an additional family membership will default to a primary membership status.*

Members Cancelling _____

Address _____ Birth Date _____

Cancellation Effective Date MM/DD/YY _____

Annual Membership Monthly Membership

Corporate Membership - Company _____

Cancellation must be submitted a minimum of 5 business days prior to the next monthly pay draft. If it is not, monthly payment is automatically withdrawn and next month's payment will be cancelled.

Reason for Cancellation

Financial

Not Satisfied (tell us why) _____

Not Using (tell us why) _____

New Gym (list new gym) _____

Other (tell us why) _____

\$75 cancellation fee charged

Additional member to be switched to individual member

INTERNAL USE ONLY

Received and copy given to Member

STAFF INITIAL _____ DATE / /

Processed

STAFF INITIAL _____ DATE / /

File Pulled

STAFF INITIAL _____ DATE / /

EZ Pay Pulled

STAFF INITIAL _____ DATE / /

NOTES

Comments	Excellent (5)			Poor (1)		N/A
<i>Customer Service from fitness desk staff</i>	5	4	3	2	1	
<i>Cleanliness of facility</i>	5	4	3	2	1	
<i>Atmosphere of facility</i>	5	4	3	2	1	
<i>Group exercise classes and schedule</i>	5	4	3	2	1	
<i>Overall Experience</i>	5	4	3	2	1	

Member's Name (Print)

Member's Signature

Date MM/DD/YY