

Membership Cancellation Request Form

Member name: _____

Reason for cancellation:

- Medical [_____]
- Relocation
- Non-usage
- Finances
- Other [_____]

Would you like to share any feedback that might help us improve? [optional]

To be completed by Fitaholic Staff	
Date form received: ____-____-____ Staff Name: _____	Member's current bill date ____-____-____ Member's next (final) bill date: ____-____-____ Member access continues through: ____-____-____

Terms and Conditions of Fitaholic Fitness Membership Agreement Cancellation:

By initialing each of the statements below, I acknowledge that I understand the following:

- _____ Once the Cancellation Request Form is received by a Fitaholic Fitness Team Member, my club membership will be terminated at the end of my *next* billing cycle as is outlined in my Membership Agreement.
- _____ My final monthly membership dues will be charged on ____-____-____.
- _____ I will have access to the club facility per the terms of my Membership Agreement until ____-____-____, at which time my club access will be terminated along with my membership.
- _____ Should I re-join Fitaholic Fitness in the future, I will have to pay the current membership rate and any applicable joining fees at that time (as well as paying - in full - any outstanding balances from previous membership periods).

Signature: _____

Date: _____