

Membership Cancellation

Name _____ Date _____

Phone _____ E-Mail _____

Please cancel my membership. I understand that I must deposit this form into the lock box on the front counter of the gym **at least 10 days prior** to my next billing date to effectively cancel my membership. I understand that I am giving up my current membership rate, and will be subject to the current rates if I re-join in the future.

My Key is Enclosed

I lost my key. I understand my account will be charged \$10

I will return my key on my last day of membership

We appreciate any feedback you are willing to share!