

Membership Termination Form

We are sorry to hear you need to cancel your membership! Do you know about our 3 month hold policy? Please ask a Member Services representative to see if a freeze on your membership might be a better option for you.

Name:	Phone:	
Date of Termination Notic	e (todav's date):	

Date Membership will Terminate:_____

Membership Termination Policy

Members with a monthly draft membership can cancel their membership by submitting written notice 30 days prior to the next draft date (first of the month). The membership will be terminated 30 days from the first of the month. For example, if a membership is canceled on October 15th, payment is processed November 1st, and the membership terminates on November 30th. All memberships are non-transferable and non-refundable. Memberships that have been on hold can cancel 30 days after membership reactivates from hold. I understand that by canceling my membership I will be subject to the \$75 join fee again if I do not rejoin within 3 months of my membership terminating.

By signing below I agree to the Membership Termination Policy as stated.

Member Signature	:	
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Reason for cancela	tion:		
Relocation	Unsatisfactory faci	ility 🛛 🗆 Equip	ment Availability
Lack of hours	Medical Reasons	🗆 Finan	cial Reasons
 Switching to and Other please explicitly 	other facility	ger using the fac	ility
*To Be Completed By a Y Me	mber Services Staff Represent	ative *	
Member Service Staf	f Accepting Hold Form	:	
Membership Type:	Paymen	t Method:	Member ID#:
Date entered into Da	xko: Ente	ered By:	