



Request to Cancel or Suspend Membership

Member Name: _____

Pass Number : _____

Membership Type: _____

Amount to be cancelled: _____

Today's Date: _____ (form given to Fitness Center Desk)

Current Expiration Date: _____

We require 30 days to cancel your membership by its expiration date. If this 30 day period is not met, your membership will not cancel until the following month.

Comments (any feedback is appreciated)

Office Use Only

_____ *Staff Members Name*

_____ *yes, 30 day notice provided – membership will be cancelled on expiration date.*

_____ *No, 30 day notice not provided – membership will be cancelled the following month.*