



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 14 days to cancel your membership by its expiration date. If this 14-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, 14 day notice provided – membership will be cancelled on expiration date.*

_____ *No, 14 day notice not provided – membership will be cancelled the following month.*