

MEMBERSHIP CANCEL/HOLD REQUEST

Date: _____

Member: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

We want you to be well informed and understand that:

- all automatic drafts are recurring monthly and not based on gym use
- must complete commitment/contract membership terms prior to cancelling
- all outstanding membership fees must be paid prior to cancellation
- all paid in full memberships are non-refundable
- cancellation requests must be made in person
- completion of this form 10 days prior to draft required to process
- if a draft is scheduled within 10 days of your request to cancel, that draft must be processed then you may cancel

Request:

- Cancel
- Hold (1 month's draft with pre-approved reason)

Reason:

- Financial
- No time
- Not using
- Medical (personally or caregiving)
- Moving
- Transfer to another member
- Other _____

Member Signature/Date: _____

Employee Signature/Date: _____

Uploaded to Member's GymMaster account: Employee Initials: _____ Date: _____