Date_____ **The Fit Club Cancellation Form** Membership #_____

REQUEST FOR CANCELLATION OF MEMBERSHIP

Name: _____E-Mail: _____

Address:_____City: _____ Zip: _____

Cell Phone: _____**Home Phone: _____**

Employer: _____ DOB: _____

ALL CANCELLATIONS REQUIRE A 1 MONTH BILLING NOTICE

YOU ARE RESPONSIBLE FOR ALL FEES UNTIL YOUR CANCELLATION IS EFFECTIVE. Cancellations may NOT be processed if your membership account has a balance. This form IS a written notice.

_____ **(INITIAL)** I UNDERSTAND THERE IS A 1 MONTH BILLING NOTICE TO CANCEL AND I WILL BE BILLED ONE FINAL TIME after this form is submitted and my membership will stay active and I am able to utilize the membership and the facility for the final month and up until the end of the final month. I understand I must have an e-mail confirmation to complete the cancellation therefore both parties are able to have a time stamped file indicating the final billing month and cancellation date.

Example: If this completed form is submitted on January 1st or January 31st, or anytime in between, then the final billing month will be February.

Member Signature _____ **Date** _____

MEMBERSHIP SIGN UP OR RENEWAL DATE: _____

Please advise why you are deciding to cancel your membership

Financial

Relocation

Medical

Unable to utilize enough

Pursuing other activities

Displeasure (please explain)

Other (please explain

Comments:

For questions, please contact **The Fit Club at info@thefitclubVA.com**

For Office Use Only:	
Date Received:	Date Termination is effective:
Staff:	Staff:
	E-mail confirmation sent: