

**PROGRAMMING MEMBERSHIP CANCELLATION REQUEST**

Please complete the following to stop your automatic electronic payments (credit card, debit card, or automatic checking account draft) for membership:

**Note: your cancellation request must be received a minimum of 14 days before your scheduled automatic electronic payment date.**

Today's Date \_\_\_\_\_

Member Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**1. Reason for leaving:**

- Financial Burden
- Medical
- Moving
- Transferring to another program (which?) \_\_\_\_\_
- Dissatisfied (reason) \_\_\_\_\_
- Program inadequate (please explain) \_\_\_\_\_

**2. Reason for joining:**

- Get in shape
- Medical
- Other \_\_\_\_\_

**3. Did you find our staff friendly, helpful, and knowledgeable?**

- Always
- Usually
- Rarely

**4. Other comments or suggestions?** \_\_\_\_\_

I understand that my cancellation request must be received 14 days prior to my scheduled draft date in order for my automatic electronic payments to cease for the next scheduled payment (as per my signed programming membership policy form.)

**Member Signature** \_\_\_\_\_

Please send this form to [info@apolloperformancept.com](mailto:info@apolloperformancept.com)