



SECOND CHANCE GYM

MEMBERSHIP CANCELLATION

This document is considered a **30-day notice**. Member is responsible for all payments within the next 30 days and retain the ability to access the gym until payments lapse.

PRINT MEMBER NAME: _____

MEMBER SIGNATURE: _____

PHONE # ON ACCOUNT: _____

FAMILY PLAN: YES / NO

REASON: _____

DATE: _____

TO BE COMPLETED BY SECOND CHANCE GYM STAFF

DATES OF PAYMENTS DUE IN THE NEXT 30 DAYS:

MONTHLY:

___/___/___

IF ANNUAL IN THE NEXT 30 DAYS:

___/___/___

WITHIN 12 MONTHS OF STANDARD CONTRACT: YES / NO

IF FAMILY ADD ON PLEASE WRITE NAME OF ACCOUNT BEING BILLED:

NOTES: _____

STAFF MEMBER NAME : _____ DATE: _____

