

MEMBER CANCELLATION FORM

	Key Card Number	would like to cancel my
membership with Fitness 14.		
Additional Names on the Account to	be cancelled:	
I would like to cancel my membersh	ip(s):	
Immediately (\$30 cancellation	fee per member)	
30-day notice as required by the	ne Fitness 14 Membership Agreement (See	INSTRUCTIONS below)
Date of Notification		
Club Member Signature	Contact #	
the completed form can be mailed to info@fitness14.com. Once this form the date of the next billing period (u. can begin on the last billing date). If	nless account billing occurred within the la the immediate cancellation option is selec en immediately cancelled. Any accounts in	110, Las Vegas, NV 89166, or emailed to cation period for cancellation will begin on st 5 days, in which case the 30-day notice ted above, the account will be billed a \$30
	ith a PAST DUE BALANCE cannot be cancel ancelled according to this policy and carry delinquency.	
BELOW INFORMATION TO BE COM	PLETED BY FITNESS 14	
Received by	Date Received	Effective Date Acct Will Cancel