MEMBERSHIP CANCELLATION FORM

MONTHLY MEMBERSHIPS CAN BE CANCELED AT ANY TIME, HOWEVER ALL CANCELATION REQUESTS MUST BE SUBMITTED VIA OUR CANCELATION REQUEST FORM AND RECEIVED 30 DAYS PRIOR TO YOUR CREDIT/DEBIT CARD PROCESSING DATE.

MONTHLY MEMBERSHIPS REQUIRE A MINIMUM OF 30 DAYS WRITTEN NOTICE PRIOR TO NEXT BILLING DATE TO ASSURE CANCELATION OF AUTOMATIC PAYMENTS. CANCELATION REQUESTS SUBMITTED WITHIN THE 30 DAY BILLING CYCLE WILL RESULT IN A FINAL PAYMENT DRAWN FROM YOUR ACCOUNT; CLIENTS WILL HAVE 30 DAYS FROM THE LAST BILL DATE TO USE THE FACILITIES.

IT IS YOUR RESPONSIBILITY TO PROVIDE WRITTEN NOTICE 30 DAYS IN ADVANCE OF YOUR NEXT BILLING DATE. THERE WILL BE NO REFUNDS ISSUED ONCE A PAYMENT HAS BEEN CHARGED TO YOUR CREDIT/DEBIT CARD.

| FIRST NAME: | LAST NAME: | |
|---------------------------------|-------------------|-------|
| DATE: | | |
| FAMILY MEMBERS (IF ANY ON FAMIL | LY MEMBERSHIP): . | |
| | | |
| ADDRESS: | | CITY: |
| STATE: | | |
| ZIP CODE: PHONE N | UMBER: | |
| EMAIL: | | |
| REASON FOR CANCELING: | | |
| SIGNATURE: | | |