



**MEMBERSHIP CANCELLATION FORM\*\*\***

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Member #: \_\_\_\_\_ Member Type: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone(h): \_\_\_\_\_ (w): \_\_\_\_\_

ALL NAMES ON ACCOUNT TO BE REMOVED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for terminating membership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Locker Key Number (if applicable): \_\_\_\_\_

Locker Key returned? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

**\*\*\*This form must be completed and turned in to the General Manager prior to the 15<sup>th</sup> of the month to cancel for the following month. Your membership will be cancelled on the 1<sup>st</sup> of the following month.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_