

Membership Cancellation Form



[Gym Name]

Member Information

Full Name: _____

Membership ID: _____

Phone Number: _____

Email Address: _____

Cancellation Request

I, the undersigned, hereby request to cancel my membership with [Gym Name] effective on the following date:

Effective Cancellation Date: _____

Reason for Cancellation (optional):

☐ Moving/Relocating

☐ Medical Reasons

☐ Financial Reasons

☐ Unsatisfied with Services

☐ Other: _____

Terms & Acknowledgment

Please read and initial each line below:

_____ I understand that this cancellation is subject to the terms outlined in my original membership agreement.

_____ I understand that any outstanding dues, fees, or charges must be paid prior to cancellation.

_____ I acknowledge that if my contract includes a minimum commitment period, early termination fees may apply.

_____ I agree that my membership will remain active until the cancellation date indicated above.

_____ I acknowledge that my access to the facility and services will cease as of the cancellation date.

Member Signature: _____

Date: _____

Gym Representative Name: _____

Signature: _____

Date: _____

Office Use Only

☐ Final Payment Received

☐ Early Termination Fee Applied (if applicable)

☐ Membership Deactivated in System

☐ Copy Provided to Member

