GYM MEMBERSHIP CANCELLATION

FIT (as a fiddle) GYM & FITNESS 850-229-1920

Elaine Freni
Owner

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Dear Member,

We are sorry to see you go! To process your request, please fill out this form completely. You can return this document to us in person at the front desk, by mail to the address above, or via email at: fitasafiddle@fairpoint.net.

1. MEMBER INFORMATION

- **Full Name:** _____
- **Door Code:** _____
- **Phone Number:** _____
- **Email Address:** _____

2. CANCELLATION DETAILS

- **Requested Last Date of Attendance:** _____
- **Reason for Cancellation (Optional):**
  [ ] Relocation [ ] Financial [ ] Medical [ ] Other: _____

3. TERMS AND ACKNOWLEDGMENT

By signing below, I acknowledge and agree to the following terms:

- I request the formal cancellation of my gym membership.
- I understand that a 30-day notice period applies.
- I authorize one final prorated or full billing cycle if applicable.
- I understand the gym will send a written confirmation once processed.

Member Signature: _____ **Date:** _____

[FOR INTERNAL OFFICE USE ONLY]

Date Received: _____ Processed By: _____

Final Billing Date: _____