



MEMBERSHIP CANCELLATION FORM

We enjoy having you as a client and appreciate your business! If Membership is no longer the right option, you may cancel after the completion of three months.

This cancellation form must be received at least 14 days in advance of your billing cycle or it may not take effect until after your next billing cycle.

I would like to cancel my Membership effective _____.

Reason for cancellation of Membership (check all that apply):

_____ Moving out of the area

_____ Not attending enough

_____ Financial situation

_____ Health related

_____ Other (please specify)

Comments: _____

Client Name: _____

Client Signature: _____

Date: _____