

THE GRAVETTE GYM

MEMBERSHIP CANCELLATION FORM

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

TYPE OF MEMBERSHIP (circle one): Family or Individual

KEY FOB NUMBER(S): 1. _____ 3. _____
 2. _____ 4. _____

REQUESTED DATE OF CANCELLATION: Month: _____ Day: _____ Year: _____

REASON FOR CANCELLATION:

- A. Relocating
- A. School/College
- B. Medical
- C. Non-use
- D. Unhappy _____
- E. Other: _____

I understand my account must be brought current before cancellation is accepted. If account is not brought current, I will not be able to sign back up at The Gravette Gym until my status is in good standing. I understand my key fob(s) must be turned in to the drop box by the DATE OF CANCELLATION or there will be an additional \$15 fee assessed. I also understand my cancellation must be received before the 1st day of the month or fees will still be incurred and my membership will be canceled the following month.

Applicant Signature: _____ Date: _____

GYM USE ONLY:

Key Fob(s): Returned / Not Returned

Monthly Fee: _____

Outstanding Balance: _____

Key Fob Fee: _____

Total Cancellation Fee: _____

Gym Representative: _____ Date: _____