



CANCELLATION FORM

ID #: _____ **Date:** _____

Do you use our Bank Draft system? Yes or No

 First Name Last Name

 Mailing Address City Zip Code

 Phone Number Email

Members Linked to Membership:

Brief reason for Cancellation:

	Excellent	Good	Fair	Poor	N/A
Customer Service					
Cleanliness					
Group Fitness Classes					
Pool Services					
Lifeguards					
Fitness Equipment					
Environment					
Overall Experience					

Additional Comments:

Upon submission of this form your membership will remain active until the end of the current month. This cancellation form must be submitted 3 banking business days prior to the scheduled draft date to prevent the final draft payment from being processed. In the event that this form is not submitted 3 banking business days prior, your next scheduled draft will be processed and you will then have until the end of that month to access your membership.

 Signature

 Date

 Staff Name