



MEMBERSHIP CANCELLATION FORM

Date: _____

Please indicate if you are canceling membership early or you wish not to have your membership auto renewed at the end of your current membership term.

Please Circle One: **EARLY CANCELLATION** **I DO NOT WANT TO AUTO RENEW**

Primary Member's Name: _____

Primary Member's Phone Number: _____

Primary Member's Email Address: _____

Cancellation Date: _____
(must give 30 days PRIOR notice)

Reason for Cancelling Membership : _____

IF I AM CANCELING MY MEMBERSHIP BEFORE THE END OF THE ANNUAL COMMITMENT, I HEREBY ACKNOWLEDGE THAT I AM RESPONSIBLE FOR PAYING AN EARLY TERMINATION FEE FOR CANCELLING MY MEMBERSHIP PRIOR TO THE END DATE.

THE EARLY TERMINATION FEE IS BASED ON 2 MONTHS OF THE CURRENT MEMBERSHIP RATE.

Signature: _____

Date: _____