



Month to Month Membership Cancellation Notice*

Today's Date: _____

Member #: _____

I, _____ wish to cancel my _____ (type of membership) membership understanding I have met the minimum requirements. I understand that this cancellation will take effect 30 days from the above date unless I have agreed to a longer term contract. The final bill will be pro-rated as our billing months run from the 1st to the 30th/31st of the month. I understand I am responsible for any final payments on my membership. Your membership must be of "active" status and may not be "On Hold" (an on hold status will delay your request). Any insurance reimbursements earned and due to be paid out, will be forfeited.

Signature

Date

Time

Why are you canceling today? _____

****All information above must be completed in full for this to be an accepted Cancellation Notice.***

We would love the following feedback from you!

How satisfied were you with...(please circle)	Rating scale 1=low/bad...5=high/good				
Class/equipment availability?	1	2	3	4	5
Customer service?	1	2	3	4	5
Cleanliness of facility?	1	2	3	4	5
Would you recommend us?	Yes		No		

Suggestions for improvement? _____



Month to Month Membership On Hold Notice

Must be filled out by the 20th of the month to be effective the following month.

Today's Date: _____

On Hold

I, _____ wish to place my membership on hold starting the 1st of (month) _____ for 2 months 3 months

Member ID # _____

Do you receive insurance discounts? Y N If yes, which insurance? _____

I understand that I can place my membership on hold for up to 3 consecutive months in a calendar year for a fee of \$10.00 per month. I may then resume my membership payments without paying an additional enrollment fee. Membership may not be cancelled from an on hold status; must be active for one month before cancelling. Any insurance reimbursements earned and due to be paid out during the on hold period, will be paid out during the month of your return.

Signature	Date	Time
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Medical On Hold* -must attach a current doctor's note. **or**

Dual Residency On Hold* -attach proof of dual residency from another state

I, _____ wish to place my membership on hold starting the 1st of (month) _____ to return the 1st of (month) _____.

Member ID # _____

Do you receive insurance discounts? Y N

If yes, which insurance? _____

I understand that I can place my membership on medical hold for up to 3 consecutive months for medical reasons (no fee) or 6 months for dual residency (\$10/mo.) in a calendar year. I may then resume my membership payments without paying an additional enrollment fee. Any insurance reimbursements earned and due to be paid out during the on hold period, will be paid out during the month of your return.

Signature	Date	Time
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