



# Membership Cancellation Agreement

I \_\_\_\_\_ / \_\_\_\_\_ request to have my month-to-month membership \_\_\_\_\_ cancelled or \_\_\_\_\_ placed on hold effective \_\_\_\_\_.

(Name) (Key Card ID #) (Check One) (Date the next membership fees are due)

This is my TWO WEEK notice in writing stating my intent to The Gym 365 as requested in the Membership Payment Policy. Effective the date listed above, my key card will be deactivated and I will no longer have access to this facility.

If cancelling membership, please check all of the following that apply:

- Injury
- Financial Problem
- Did Not Like Facility
- Unfriendly Staff
- Did Not Like Equipment
- Changing Fitness Facility
- Other (please explain): \_\_\_\_\_

Are you enrolled in direct deposit? Please circle one. YES or NO

Are you enrolled in recurring credit card payments? Please circle one. YES or NO

\_\_\_\_\_  
Print Name of Member Signature Date

\_\_\_\_\_  
Print Name of The Gym 365 Staff Signature Date