

# FITNESS MEMBERSHIP CANCELLATION FORM

(847) 669-3180 ~ Fax (847)669-2836

## Primary Information (Please Print)

Household Last Name \_\_\_\_\_ Member's First Name \_\_\_\_\_

Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Membership Type:** (Circle Appropriate Membership)    **Fitness Center**    **Group Fitness**    **Ultimate Fitness**    **Kids' Club**

## Reason for Cancelling Membership: (This section must be filled out)

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**Were you enrolled in our Auto Debit Program?** (circle one)    **YES**    **NO**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Office Use

Date Processed \_\_\_\_\_ Staff Name \_\_\_\_\_

Please make a copy for Fitness Coordinator