

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)

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 Supervisor