

Gym Membership Cancellation Form

Please complete this form to request the cancellation of your gym membership. This printed form must be submitted to the front desk or sent via registered mail according to your membership agreement terms.

Member Information

Full Name:

Membership ID Number:

Email Address:

Phone Number:

Street Address:

Membership Details

Home Gym Location:

Membership Type / Plan:

Requested Last Billing Date:

Requested Membership End Date:

Reason for Cancellation

Please state your primary reason for canceling your membership:

Terms and Acknowledgements

By signing below, I acknowledge and agree to the following terms:

- I am providing the required notice period as outlined in my original membership agreement (typically 30 days).
- Any outstanding balances or pending monthly dues must be settled before my cancellation request can be fully processed.
- I understand that my key fob/access card must be returned to the gym or will be deactivated upon my final termination date.
- Cancellation of my membership will forfeit any promotional rates or historical pricing I currently receive.

Signatures and Authorization

Member Signature: Date:

For Gym Staff Use Only

Staff Member Name:

Action Taken / Notes:

Staff Signature: Date Processed: