

THE GRAVETTE GYM

MEMBERSHIP CANCELLATION FORM

(Fill out form completely and place in drop box or scan/email to info@thegravettegym.com)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

TYPE OF MEMBERSHIP (circle one): Family or Individual

KEY FOB NUMBER(S): 1. _____ 3. _____

2. _____ 4. _____

REQUESTED DATE OF CANCELLATION: Month: _____ Day: _____ Year: _____

REASON FOR CANCELLATION:

A. Relocating

A. School/College

B. Medical

C. Non-use

D. Unhappy _____

E. Other: _____

I understand my account must be brought current before cancellation is accepted. If account is not brought current, I will not be able to sign back up at The Gravette Gym until my status is in good standing. I understand my key fob(s) must be turned in to the drop box by the DATE OF CANCELLATION or there will be an additional \$15 fee assessed.

Applicant Signature: _____ Date: _____

----- **GYM USE ONLY:** -----

Key Fob(s): Returned / Not Returned

Monthly Fee: _____

Outstanding Balance: _____

Key Fob Fee: _____

Total Cancellation Fee: _____

Gym Representative: _____ Date: _____