



**Fitness Center Member Cancellation Form**

Member Name: \_\_\_\_\_

Date: \_\_\_\_\_ Primary Membership Number: \_\_\_\_\_ Lot: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for Cancellation:** (please check all that apply)

Cleanliness ☐

Financial Burdens ☐

Joined another gym ☐

Lost interest or never used facility ☐

Moved ☐

No time ☐

Other ☐ \_\_\_\_\_

Equipment issues: \_\_\_\_\_

Quality of programs or services: \_\_\_\_\_

What classes or programs would you like to have seen offered at the HVL Fitness center?

\_\_\_\_\_  
**Comments:**

\_\_\_\_\_  
On a scale of 1-10, how would you rate your satisfaction with the club? (10 being the highest) \_\_\_\_

What could have been done to prevent you from canceling? \_\_\_\_\_

\_\_\_\_\_  
**As per the Fitness Center Membership Application and Agreement previously signed and initialed by Fitness Member, cancellation will be effective 30 days from the date this form is received.**

Member Signature (**required**): \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature (**required**): \_\_\_\_\_ Date \_\_\_\_\_