



Cancellation Request

Date _____

Member Name _____

Member #2 Name _____

Member #3 Name _____

Member #4 Name _____

Member #5 Name _____

Address _____

City, State, Zip _____

Phone _____

Enrolled in Insurance Reimbursement: Yes _____ No _____

If yes, select one of the following:

_____ Discontinue insurance reimbursement on last date of fitness membership.

_____ Discontinue insurance reimbursement on _____

Member Signature _____ Date _____

--- For City Use ---

Cancellation Request Accepted By _____ Date _____

Facility Commander processed by _____ Date _____ Exp. Date _____

Utility Billing (Direct Pay) processed by _____ Date _____

Remove DP _____ Status Inactive _____ Update Service _____

Insurance Reimbursement processed by _____ Date _____