



## Membership Cancellation Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

How long (if ever) did you use the Fitness Center on a regular basis?

\_\_\_\_\_

\_\_\_\_\_

Why did you decide to cancel your membership?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How satisfied were you with:

|               | Extremely Satisfied | Satisfied | Unsatisfied | N/A   |
|---------------|---------------------|-----------|-------------|-------|
| Cleanliness   | _____               | _____     | _____       | _____ |
| Group Classes | _____               | _____     | _____       | _____ |
| Weight Equip. | _____               | _____     | _____       | _____ |
| Cardio Equip. | _____               | _____     | _____       | _____ |
| Locker Rooms  | _____               | _____     | _____       | _____ |
| Parking       | _____               | _____     | _____       | _____ |
| Welcome Desk  | _____               | _____     | _____       | _____ |
| Fitness Staff | _____               | _____     | _____       | _____ |

Would you consider joining the Fitness Center in the future? (circle one)    Yes    No

ID card # \_\_\_\_\_

I hereby inform the DiSepio Fitness Center that I wish to cancel the membership for the individual listed above, and all other individuals that may be on the membership policy. This will be effective the date listed below. I understand and agree to the terms of cancellation as described in the membership application, and I agree to keep a copy of this form for my records.

Signature: \_\_\_\_\_

**STAFF USE ONLY:**

Today's date \_\_\_\_\_                      Effective date: \_\_\_\_\_                      Staff Initial: \_\_\_\_\_