

Membership Cancellation Form

Last Name _____ First Name _____

Date ___/___/___ Phone _____ E-mail address _____

Address _____ City/State/Zip _____

To help ensure future quality at Evans Rehabilitation & Wellness, please answer a few questions regarding your membership.

What type of gym membership did you have? Individual / Family

Why are you canceling your gym membership? _____

How often did you utilize the gym? _____

Did our gym live up to your expectations? If not, why? _____

How can we improve our gym? _____

Would you refer us to a friend? If not, why? _____

MEMBERSHIP CANCELLATION REQUIRES A FULL THIRTY (30) DAY WRITTEN NOTICE PRIOR TO THE DATE OF YOUR SCHEDULED BANK DRAFT. CANCELLATIONS WITH LESS THAN THIRTY (30) DAYS NOTICE WILL RESULT IN ONE ADDITIONAL DRAFT, AND THIRTY (30) DAYS OF MEMBERSHIP PRIVILEGES.

I HEREBY GIVE THIRTY (30) DAYS WRITTEN NOTICE THAT I WISH TO CANCEL MY MEMBERSHIP.

Membership Signature _____ Date _____

Staff Signature _____ Date _____

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| For Office Use Only Member's last draft date: _____ |
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