



MEMBERSHIP CANCELLATION FORM

First Name: _____ Last Name: _____

Date: ____/____/____ Phone: _____ Email Address: _____

Address: _____ City/State/Zip: _____

To help ensure future quality at ERW Physical Therapy, please answer a few questions regarding your membership.

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

Why are you cancelling 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: _____

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