



MEMBERSHIP TERMINATION FORM

Name: _____

Address: _____

Phone Number: _____

Membership ID Number (Barcode # back of the Key Tag): _____

Reason for Cancellation: _____

Signature: _____ Date: _____

Sales Person accepted Termination form _____

**Please complete this form and drop it off at the Fitness Center where the membership was initiated or email it to us at sales@fitness-nation.net.*

**Membership Termination Form MUST be received on the last day of the month by 12:00 PM to avoid the Monthly Dues/Annual Fees being charged on the 1st of the month.*