***Cancellation Request Form***

**fit City**

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| --- | --- |
| Member Id #: |  |
| Name: |  |
| Address: |  |
| Phone #: |  |
| The reason I wish to Cancel: |  |

I wish to cancel my membership with Fit City Fitness Center. I understand that there is a 30 day notification policy and at as long as my agreement is fulfilled and my balance is current, my membership will be cancelled within 30 days of signing this form.

We are sad to see you go!

Signature Date