

MEMBERSHIP CANCELLATION

Member ID (to be completed by reception): _____

Surname: _____	Address: _____	
Name: _____	City: _____	ZIP CODE: _____
Phone: _____		

I hereby request the cancellation of my membership, due to * :

- | | | |
|--|--|---|
| <input type="checkbox"/> MultiSport card | <input type="checkbox"/> Dissatisfaction | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Does not use membership | <input type="checkbox"/> Price |
| <input type="checkbox"/> Competition | <input type="checkbox"/> Preference for outdoor activities | <input type="checkbox"/> Changing to a new membership |
| <input type="checkbox"/> Location | <input type="checkbox"/> Exceeding the age limit | <input type="checkbox"/> Interested in entries membership |
| <input type="checkbox"/> Time reasons | <input type="checkbox"/> Transfer to another club | <input type="checkbox"/> Health issues |

specifically as of the date: / / _____

In _____, dated / / _____

Signature of the requester

Signature
(on behalf of THE Fitness)

* the provision of the reason for termination is for statistical purposes only