



DEPARTMENT OF  
HEALTH AND EXERCISE SCIENCE

## Adult Fitness Membership Cancellation Form

This form is for members who want to terminate their billing cycle from the Adult Fitness Program. Please fill out this form and return to an Adult Fitness staff member prior to leaving. This will ensure accountability on our part in regards to your monthly billing. We have enjoyed having you in our program and hope to see you again!

\*Please note that cancellation forms need to be turned in by the first to be applied for that month, or it will go toward the following month.

Reason for Cancellation (optional): \_\_\_\_\_

Member Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Adult Fitness Director Signature: \_\_\_\_\_