



CANCELATION REQUEST

The following information must be completed by the member.

MEMBER NAME (PLEASE PRINT) _____

OTHER MEMBERS/YOUTH/CHILDREN ON YOUR ACCOUNT _____

EMAIL (PLEASE PRINT) _____

Date turned into SSHF: _____

By signing below, I acknowledge and agree that my gym membership will be canceled under the following terms and conditions. Provided I have completed my initial term agreement and this form is submitted to the club no later than the 10th of the month, I will not be billed for the next monthly dues. If I have not completed my initial term agreement, I agree to one of the following two options:

____ Cancel my membership effective at the end of my initial term end. I understand I will continue to be billed on the 1st of each month until such date.

____ Cancel my membership now and I agree to pay the greater of \$200 or the balance of 70% of my remaining dues balance.

_____ Monthly dues (Member and Co-Member)
 x _____ Number of months remaining on contract
 = _____ Total remaining balance
 _____ 70% of total remaining balance
 _____ Greater of \$200 or 70% of total remaining balance
 + _____ Plus current outstanding balance
 = _____ Total buyout option (70% of current dues plus currant outstanding balance)

MEMBER SIGNATURE _____
member be sure you get a duplicate copy of this form if you are completing it at the club.

REQUESTED INFORMATION - If you would like to help us better serve our members please tell us why you have decided to cancel you membership.

- ____ I am moving
- ____ I did not utilize the facility Reason: _____
- ____ Southside did not offer the right environment or equipment for my workout
(please explain) _____
- ____ Costs
- ____ Other, please explain _____

SSHF Staff member signature: _____ Date _____

This form must be signed by SSHF staff member and completed in duplicate giving one copy to the member.

Office use only: This completed form is to be placed in the purple completed forms binder.

____ Membership number	CONTRACT TYPE	SSHF STAFF _____
____ KEY FOB RETURNED	__MONTH TO MONTH	DATE __/__/____

____ LOCKER EMPTIED

__18 MONTH--- JOIN DATE __/__/____

DATE EFFECTIVE __/__/____

__ANNUAL PIF

CS BILLING ____ __/__/____

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