



## MEMBERSHIP *CANCELLATION* REQUEST

Date \_\_\_\_\_

Primary Member Name: \_\_\_\_\_

All members to be cancelled?  Yes  No

Names of those to be cancelled \_\_\_\_\_  
\_\_\_\_\_

I am hereby giving my written notice of cancellation. I understand that I am responsible for all monthly fees thru the last day of month of my notice. *This notice must be received 10 days prior to the first day of the month the cancellation becomes effective.*

I understand the Wave's Seasonal and Medical Hold policies and decline taking advantage of them.

Cancellation Date: \_\_\_\_\_

Do you have a locker? \_\_\_\_\_

**Cancellation will not be effective until all cards and keys are returned.**

Reason for cancellation: \_\_\_\_\_

We consistently strive to meet the needs of our member's expectations. Could we have served you differently as a member? \_\_\_\_\_  
\_\_\_\_\_

Member Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_

*Thank you for the opportunity to serve you in your quest of health and fitness.*

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