



MEMBERSHIP CANCELLATION REQUEST

Wish to put your membership on hold instead? Ask us about the membership hold option.

Membership Account # _____ **Today's Date** _____

Name of Main Member _____

I wish to terminate my membership with HealthTrack Sports Wellness. I understand that I am responsible for any and all charges acquired through the end of the month, including monthly dues per my membership agreement. If cancelling after the 20th of the current month, I understand that I will be billed for the following month's dues.

Members who reactivate their membership within six (6) months of cancellation will qualify only for the enrollment promotion available during the month of reactivation. Any additional gift, incentives, or offers will not be offered. MEMBER INITIAL: _____

My membership will be terminated on the last day of _____
I may continue to use the membership through that day.

Please let us know why you are cancelling your membership. Select all that apply:

- Non-use Moving Seasonal Financial Personal
- Medical Home gym Tennis CAC Fitness
- Joined another club

Other: _____

Please let us know what we did well and what we could improve:

Signature of Member: _____

Signature of Staff accepting request: _____

For office use only:

CSI Join Date	Membership Type	Last Visit	Reason	CSI Data Entry