

# Members Cancelling \_\_\_\_\_ Copy Given \_\_\_\_\_ Dues \_\_\_\_\_ Next Bill Date \_\_\_\_\_ Use of Club Until \_\_\_\_\_



# PRIME FITNESS

18209 S.R 410 E, Bonney Lake, WA 98391  
Phone: 253-826-5500 Fax: 253-863-4045  
1-26-16

Front Desk Rep \_\_\_\_\_

Entered in FD Log \_\_\_\_\_

## Member Request to Cancel Membership

**Cancellation requests must give 30 days notice for processing.**

**Cancellation will not be valid until approved by Prime Fitness Corporate Office Staff.  
Club staff does not have authorization to approve any cancellation requests.**

Member Name: \_\_\_\_\_ Current Barcode: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Membership Term Fulfilled** Yes  No

Membership Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership Renewal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason why Cancelling : \_\_\_\_\_ Not Using \_\_\_\_\_ Financial \_\_\_\_\_ Moving \_\_\_\_\_  
Joining another Gym \_\_\_\_\_ Other (Please Explain): \_\_\_\_\_

**Member Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Membership Term Not Fulfilled

Membership Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership Renewal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Military (Activation Papers Attached) \_\_\_\_\_ Move (Proof of Move Attached)  
\_\_\_\_\_ Medical (Physician Request Attached)

The club will charge a cancellation fee of \$100 during the first half of the term of the agreement, or \$50 during the second half. Fee will be waived if the member meets one of the following criteria: Member relocation farther than 20 miles away from the facility, Member is unable to receive services for which he or she has contracted as stated by his or hers medical physician for more than 6 months. Cancellation of membership will also be granted to any member activated for Military Duty for a term longer than six months. **Proof is required for all of the above stated circumstances within 3 days or your cancellation request will immediately be denied.**

Fee Paid Today \$ \_\_\_\_\_ Form of Payment \_\_\_\_\_

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

I understand that by signing this form, it is my responsibility to provide the required documentation. **If required documentation is not provided by me, this Request will not be processed.**

### Corporate Office Use Only:

\_\_\_\_\_ Cancellation Approved \_\_\_\_\_ Cancellation Denied: \_\_\_\_\_ (reason)

Refund Required? Yes No Refund Issued Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Method: \_\_\_\_\_ Amt: \_\_\_\_\_

Corporate Representative: \_\_\_\_\_ Date Contracted: \_\_\_\_/\_\_\_\_/\_\_\_\_