MEMBERSHIP CANCELLATION REQUEST FORM

Note: All Cancellation requests must be reviewed and approved by a fitness manager before becoming effective.

Powerhouse Gym Chatsworth Cancellation Policy:

A member may cancel their membership at any time after the initial commencement date by notifying Powerhouse Gym in writing by mailing through the United States Mail, first-class, certified-return receipt requested, a thirty (30) day prior written notice to the address listed below. If member has a Type III contract member understands that they may not cancel their membership during the initial term unless one of the following has occurred and written proof has been submitted: 1. The member has permanently relocated further than 25-miles from the facility and we are unable to transfer your membership contract; or 2. A medical physician certifies that the member is unable to permanently engage in physical exercise.

SECTION 1: TO BE COMPLETED BY MEMBER

Today's Date:_____Member Name:_____
Phone:_____(C/W/H) E-Mail:_____

Please take a moment to let us know how we've been doing in the following areas:

	Unsatisfactory	Poor	Fair	Good	Great
Customer Service from front desk staff	☐	☐	☐	☐	☐
Cleanliness and atmosphere of facility	☐	☐	☐	☐	☐
Group exercise classes and schedule	☐	☐	☐	☐	☐
Overall experience with Powerhouse Gym	☐	☐	☐	☐	☐

Reason for Cancellation:_____

SECTION 2: TO BE COMPLETED BY FACILITY REPRESENTATIVE

☐ **I have spoken with member and discussed cancellation options (freezing) and procedures**
☐ **Cancellation During Initial membership contract term (Type III)**
- ☐**Relocation:** New address is not within 25 miles of facility and we can not transfer to another participating facility. Proof of address change attached.
- ☐**Medical:**Doctor's order stating member can no longer exercise is attached.
- ☐**Owner/Management Approval of Cancellation during initial term.**

ENTER & VERIFY IN SYSTEM:
DATE:_____
Membership Cancellation Date:___/___/___ Membership Termination Date:___/___/___
Final EFT Billing Date:___/___/___

SECTION 3: SIGNATURES

I,_____ acknowledge that the cancellation procedures and dates have been explained to me, and I understand that I will be charged one final EFT payment and will continue to receive my membership benefits for thirty(30) days after my final billing date.

Member Signature:_____Date:___/___/___
Manager Signature Approving Cancellation:_____Date:___/___/___
Name of person who cancelled membership in PHG:_____Date:___/___/___

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