Today's Date:_____

Lady of Livingston
Health & Fitness

REQUEST FOR CANCELLATION

This form informs the Management of Lady of Livingston that I wish to cancel my membership.

Please **initial** the following statements indicating you have read and understood all cancellation terms that apply.

_____ I am aware that Lady of Livingston requires a 30 day notice to cancel and I am responsible for any and all payments due upon time of cancellation.

_____ I realize that by canceling my membership I will be subject to a re-activation fee and subject to the Monthly Dues that are in effect at the time when I wish to re-enroll beyond 30 days from cancellation date.

_____ If I am under contract, I am aware that I may cancel under the following circumstances **(#1 OR #2)** :

#1. I have moved more than 25 miles away from Lady of Livingston or an affiliated club

You must provide any of the two (2) items of proof for cancellation.
Please check two (2) items that apply:

___a current and valid lease ___a utility bill ___a bank statement /credit card bill
___a new driver's license with issue date OR
___a yellow change of address label indicating new address

#2. I have a physician's notice indicating I have become disabled and my conditions prevent me from using the facilities.

Name:_____ Membership # _____

Home Phone:_____ Email:_____

Reason for Cancellation:

___ Relocation ___ Medical ___ Other

___ Financial ___ Dissatisfied

___ Joined Another gym ___ Lack of Use

Comments:

Member's Signature:_____ **Authorized Staff Signature: _____**

FOR CLUB USE ONLY

Processed Date:_____

Termination Date:_____ Staff:_____