



# MEMBERSHIP CANCELLATION REQUEST

Member Name (print): \_\_\_\_\_

**Reason(s) for Cancellation:**

**Moving**

- Local
- Outside DC Area

**Job Related**

- New Job – Outside DC Area
- Retirement

**Joining Another Gym**

- Gym at Work
- Gym in Condo/Apt Bldg

**Other (Please specify below):**

**Facility**

- Broken Equipment
- Locker Rooms
- Overcrowded

**Services**

- Poor Customer Service
- Personal Training
- Group Programming
- Not Enough Cardio

**Personal**

- Medical/Injury
- Military
- Not Using Facility
- Too Expensive
- 15 Day Cancellation

Please note: If cancelling within first year of membership, you must provide proper documentation in order to satisfy the eligibility requirements for membership cancellation as outlined in the membership agreement. Please attach a new lease, deed or utility bill, employment relocation paperwork, or a letter from your doctor to this cancellation form.

- I understand that my cancellation date (actual last day of membership) will be the end of the membership period following my next scheduled billing date. I understand that I must submit any required documentation and my membership account must be paid up to date in order for this cancellation to be processed.
- I understand my final billing will include a standard \$25 Cancellation Processing Fee. Please note: The cancellation fee applies to all membership types regardless of length of membership with the exception of the \$129/month "Month-to-Month" membership.

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

=====

**Staff Use Only**

Home Club: City Vista ; U`YfmD`UWY @ [ Ub`7 ]fWY Hhe Yards U Street

Obligation Date: \_\_\_\_\_ Documentation Attached: Y N N/A

Cancellation Fee: \_\_\_\_\_ One Additional Billing Date : \_\_\_\_\_ Amount: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

