

TODAY'S DATE: _____

PRIMARY VIP FITNESS LOCATION: _____ (REQUIRED)



MEMBERSHIP CANCELLATION REQUEST

Full Name _____ Date of Birth _____ Sex _____

Height/Weight _____ Email _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

I wish to discontinue my membership with VIP FITNESS LLC. I have met the obligations within my current contract and fulfilled the requirements within. I understand that upon the VIP FITNESS LLC receipt of this form at membership@myvipfitness.com, I am giving my 30-day notice of cancellation and I am responsible for all membership fees and charges to my account through that date. At the end of that 30 days, I shall no longer be eligible to use the facilities.

(Save a record of this contract and your sent e-mail as your cancellation receipts.)

Member's Signature _____ **Date** _____

Forwarding Address (if different from above)

Because we care about you and your point of view, please help us to improve service to our members by indicating the reason which best describe your decision to cancel your membership with VIP FITNESS LLC.

- Moving Financial Situation Health Related Divorce
 Not using membership Staff or Facility Related (please provide additional comments)

How would you best describe your experience at VIP FITNESS LLC? (circle one)

Excellent Very Good Good Fair Poor

Comments _____

VIP FITNESS LLC – www.myvipfitness.com

Email your completed form to membership@myvipfitness.com