

Fit for Life

Membership Inactivation Request Form

NOTE: It takes approximately 30 days from the date of this request for your credit card EFT (draft) to end. Please keep a copy of this form for your records.

Last name: _____ First name: _____

Street address: _____ Date of Birth: ____/____/____

City: _____ State: _____ Zip: _____ Phone: _____

Household Email: _____ Membership Type: _____

Please check all reasons that apply regarding your request to inactivate your membership:

- | | |
|--|--|
| <input type="checkbox"/> Availability of Equipment | <input type="checkbox"/> No Longer Using Facility |
| <input type="checkbox"/> Canceling for the Summer/Winter | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Cleanliness of Facility | <input type="checkbox"/> Silver Sneakers Disenrollment |
| <input type="checkbox"/> Facility Hours | <input type="checkbox"/> Switching to Another Fitness Facility |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Too Far From Home or Work |
| <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Unable to Get Assistance With Workout |
| <input type="checkbox"/> Inconvenient Class Times | <input type="checkbox"/> Unsatisfactory Facility |
| <input type="checkbox"/> Military Deployment | <input type="checkbox"/> Unsatisfactory Service |
| <input type="checkbox"/> Other: _____ | |

Please rate the following:

Courtesy of Staff

Cleanliness of Facility

Quality of Programs/Classes

Excellent

Excellent

Excellent

Good

Good

Good

Fair

Fair

Fair

Poor

Poor

Poor

I felt well informed about all of the activities available to me at Fit for Life: Yes No

I felt well informed on how to reach my fitness goals: Yes No

How could we provide better service to our customers? _____

Member's signature: _____ Date: _____

Office Use Only

Membership Type: _____

Last draft date: _____ Membership end date: _____

Staff name: _____ Date: _____