

Member #	
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MEMBERSHIP CHANGE/CANCELLATION FORM

Name: _____ D/O/B/: _____

(REQUIRED)

Address: _____ City: _____ State: _____ Zip: _____

(REQUIRED)

Phone: _____ E-mail: _____

REQUIRED

MEMBERSHIP CANCELLATION

This will serve as my resignation notification. If my cancellation occurs by the 15th of the month, I am no longer obligated to my membership at the end of the month per the Hamilton Lakes Athletic contract. If my cancellation occurs after the 15th of month, I understand that Hamilton Lakes Health Club will charge my account on the 1st and that will be my last charge. I am entitled to use the facility until my agreement is complete at the end of the month below.

Required Signature

Member Signature:		Today's Date:	
General Manager Signature:		Today's Date:	

Staff Use Only

Effective Date: _____

Reason for Cancellation:

MindBody Termination:	
MindBody Deactivation:	