30 Day SFHC-Fitness Center Cancellation / Suspension Form

As of _____, I, _____, am giving 30 day notice
DATE PRIMARY MEMBER NAME
of cancellation of my (see below) fitness membership.

Check one: Individual ◉ Couple ○ Family ○ Limited ○

1) Current Month _____
2) Final Month _____
3) Outstanding Fees _____

Closing Balance = _____

If suspending:
I would like my recurring card charge to re-start on the 5th of _____.

I returned _____ cards on _____.
DATE

_____ _____
Signature of Primary Member Date

Updated 4/3/19 by BB Hopkins