Gym Membership Cancellation Form
**Date: **
Member Information:
- Full Name:
- Membership ID:
- Email Address:
- Phone Number:
Cancellation Request:
I, the undersigned, hereby request the cancellation of my gym membership
effective immediately.
Reason for Cancellation (optional):
Member Signature:
Date of Signature:
Staff Use Only:
- Cancellation Processed By:
- Date Processed:
Notes: