



MEMBERSHIP CANCELLATION FORM

IN ORDER FOR YOUR MEMBERSHIP CANCELLATION REQUEST TO BE COMPLETE,
YOU MUST DROP OFF OR MAIL THIS FORM TO:

STORMS FITNESS, 442 PINE ST, CONTOOCOOK, NH 03229

- CANCELLATION TYPE:
- Completed One-Year Contract (no penalty fees charged)
 - One-Year Contract NOT Complete (penalty of max 4 months charged)
 - Month-to-Month / Non-Contract Membership (no penalty fees charged)

I _____, wish to terminate my membership at Storms Fitness.
(please specify who is cancelling in a family or a couple)

I understand that upon receipt of this cancellation notice my account will be charged one final time on the next billing date, the 22nd of _____.
(month)

After this final charge, my account will be released and I will be in good standing with the gym.*

Signed: _____

Date: _____

* You may reinstate your membership at any time. Must pay reinstatement fee upon return.

Date Received: _____ Staff Member: _____