

STORMS FITNESS

Membership Cancellation Form

Please complete this form and drop off or mail to

Storms Fitness 442 Pine Street, Contoocook NH 03229

***Additional charges are incurred when terminating a membership prior to completing the year contract.**

I, _____, (please specify who is canceling in a family or couple membership) wish to terminate my membership at Storms Fitness. 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 _____ (please enter the month for the last payment). After this final charge, my account will be released and I will be in good standing with the gym.

Signed:

Date:

Date Received:

Staff:

*there will be a \$25.00 charge for all membership reinstatements

Cancellation Type:

- Completed full Year Contract (no penalty)
- Year Not complete (penalty of 4 months max will be charged)
- Non-Contracted membership (no penalty)