



Membership Cancellation Form

Please Print

Membership #: _____

Name: _____

Date: _____

Email Address: _____

Phone Number: _____

Locker # (if applicable): _____

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

Please share your reason for cancellation. Whenever possible, we'd like to know what we can do better!

It is the member's responsibility to check their financial statement for accuracy and that charges have been cancelled.

Cancellation Policy:

- Cancellations must be received five (5) days prior to your membership billing date or member will be billed for the current month
- Cancellations of annual pre-paid memberships will be refunded for the remainder of their membership starting with the *next* full month. Partial months are not refunded.
- Members must return their Personal Best Key tag at the time of cancellation.
- Members must return rental locker key (if applicable) at time of cancellation.
- Any refunds are made per the Personal Best Fitness Center Membership Agreement; to include locker deposits/refunds.
- Cancellation Forms must be dropped off or mailed to "Personal Best Fitness Center, 1658 Cole Boulevard, Suite 50, Lakewood, CO 80401"; fax, phone call or email correspondence is not acceptable.

Member Signature _____ Date: _____

OFFICE USE ONLY			
Expiration Date: _____	<input type="checkbox"/> Key Tag Returned	<input type="checkbox"/> Locker Key Returned	OR <input type="checkbox"/> N/A
Date Received: _____	Received By: _____	<input type="checkbox"/> iGo Figure	<input type="checkbox"/> SF
SkipJack Approved: _____			