



Cancellation Request Form

Date: _____
Member Name: _____
Member Barcode: _____

In order for us to understand our members and improve our business, please select a reason for your cancellation:

- | | |
|---|--|
| <input type="checkbox"/> Bad Experience | <input type="checkbox"/> Cleanliness |
| <input type="checkbox"/> Moved Away | <input type="checkbox"/> Medical Reasons |
| <input type="checkbox"/> Too Exepnsive | <input type="checkbox"/> Other _____ |

Please provide and additional comments that may help us improve our business:

Members' Signature: _____ Authorized Employee's Signature: _____

Date: _____

Date: _____

Approved: _____