



MEMBERSHIP CANCELLATION

PRIMARY ACCOUNT HOLDER		ID#
Name		
Address		
City	State	Zip
Phone	Other phone	
E-mail		

***30-day notification is required to cancel your auto-pay. Auto-pays are run the 1st of the month. The next auto-pay scheduled within this 30 day period will still be applied. For example, if we receive the cancellation form on the July 12th, your membership will be cancelled on the last day of the August. All of your membership privileges will remain in force until that date. An early termination fee of \$25.00 will be charged for memberships wishing to terminate in less than 30 days.

Reason for cancellation:

- | | |
|---|--|
| <input type="checkbox"/> Insufficient Use | <input type="checkbox"/> Facility is too far |
| <input type="checkbox"/> Rates are too expensive | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Financial Reasons | <input type="checkbox"/> Too crowded |
| <input type="checkbox"/> Facility does not meet my expectations | <input type="checkbox"/> Long term injury |
| <input type="checkbox"/> Other _____ | |

Signature _____ Request Date _____

Early Termination (\$25.00 Fee)

If mailing, please send this form to Doylestown Rock Gym, 3853 Old Easton Rd, Doylestown, PA 18902 via Certified Mail. Otherwise, we CAN NOT BE RESPONSIBLE FOR LOST MAIL. If you wish to fax this form please call the facility for the fax number, send the form and call back to verify receipt with a LIVE PERSON(messages will not be accepted). If you wish to e-mail the form then fill it out, scan it and e-mail to mark@doylestownrockgym.com. If you do not receive a return e-mail confirmation within 5 business days then please call the gym to verify. We are NOT RESPONSIBLE FOR TRANSMISSION ERRORS.

OFFICE USE ONLY

Date received _____ Received By _____ In person Mail Fax

Cancellation completed by _____ Date _____