



**Membership Cancellation Form**

Date \_\_\_/\_\_\_/\_\_\_ Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Type of Membership: Individual / Family

To help us ensure future quality at Evans Rehabilitation & Wellness, please choose the reason below that BEST describes your reason for cancellation and any other information that may be helpful:

- |   |  |
|---|--|
| <input type="checkbox"/> Unable to maintain a fitness routine | <input type="checkbox"/> Medical Reasons               |
| <input type="checkbox"/> Financial reasons                    | <input type="checkbox"/> Switching to another facility |
| <input type="checkbox"/> Unsatisfactory facility              | <input type="checkbox"/> Unsatisfactory Service        |

|  | No Way | No     | Neutral | Yes    | Absolutely |
|--|--------|--------|---------|--------|------------|
| Does our gym live up to your expectations? |        |        |         |        |            |
| Would you refer us to a friend?            |        |        |         |        |            |
| Did the gym equipment meet your needs?     |        |        |         |        |            |
|  | 1/week | 2/week | 3/week  | 4/week | >4/week    |
| How often did you utilize the gym          |        |        |         |        |            |

Additional comments

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MEMBERSHIP CANCELLATION REQUIRES A FULL THIRTY (30) DAY WRITTEN NOTICE PRIOR TO THE DATE OF YOUR SCHEDULED BANK DRAFT. CANCELLATIONS WITH LESS THAN THIRTY (30) DAYS NOTICE WILL RESULT IN ONE ADDITIONAL DRAFT, AND THIRTY (30) DAYS OF MEMBERSHIP PRIVILEGES.

I HEREBY GIVE THIRTY (30) DAYS WRITTEN NOTICE THAT I WISH TO CANCEL MY MEMBERSHIP.

Membership Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only  
Member's last draft date: \_\_\_\_\_