



# Form for Membership: PAUSE OR CANCELLATION

**(PLEASE CIRCLE ONE OF THE ABOVE)**

I WILL BE **PAUSING / CANCELLING** MY MEMBERSHIP ON THE LAST DAY OF  
\_\_\_\_\_ 20\_\_\_\_\_.

I **DO / DO NOT** WISH TO REACTIVATE.

PLEASE REACTIVATE ON \_\_\_\_\_.

I UNDERSTAND THAT IF I CANCEL MY MEMBERSHIP, I WILL BE FORFEITING THE CURRENT MEMBER RATE THAT I HAVE. I AM WELCOME TO BECOME A MEMBER IN THE FUTURE AND TAKE ADVANTAGE OF WHATEVER RATE IS BEING OFFERED AT THAT TIME.

I UNDERSTAND THAT IF I CHOOSE TO PAUSE MY MEMBERSHIP, I HAVE 90 DAYS TO REACTIVATE MY MEMBERSHIP AND CAN PAUSE TWICE WITHIN A CALENDAR YEAR.

I UNDERSTAND THAT AS PART OF MY MEMBERSHIP AGREEMENT, VERBAL AGREEMENTS CANNOT BE MADE.

THIS FORM OR ANOTHER FORM OF WRITING MUST BE RECEIVED **7 DAYS** PRIOR TO THE BILLING CYCLE YOU'D LIKE TO CANCEL, OR YOU MAY BE HELD FINANCIALLY RESPONSIBLE FOR THOSE MONTHLY CHARGES.

PRINT NAME: \_\_\_\_\_ SIGN NAME: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ STAFF INITIAL: \_\_\_\_\_