

Centenary Fitness Center

Membership Cancellation Request Form

Date: _____

I, _____, would like to request that my membership to the Centenary Fitness Center be placed into the cancellation procedures as of _____ (month) _____ (day), 20____.

I understand that my current account balance must be paid in full before my cancellation request is accepted and completed. If I wish to rejoin the Fitness Center, I understand that I may do so at any time and I also understand that I will be required to follow the initial joining process as a new member.

Date _____ Print Name _____

Member Signature _____

List all additional members that will be cancelled along with the primary member:

Please state reason for cancelling:

Note: Membership Cancellation Request must be received before the 1st day of the next quarterly billing cycle for the request to be considered. All accounts must have a zero balance upon cancellation.

Staff Initials

Current Balance: \$ _____ Date ____/____/____ _____

Adjusted Balance: \$ _____ Date ____/____/____ _____

Balance Due: \$ _____ Date ____/____/____ _____

Additional Comments:

Staff Signature _____ Date _____

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