

**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 1<sup>st</sup> day of the next monthly billing cycle for the request to be considered. All account must have a zero balance upon cancellation.

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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