

# Member Resignation



Today's Date: \_\_\_\_\_

Member Number: \_\_\_\_\_ Member Name: \_\_\_\_\_

*Please complete this box if any of the following information has changed:*

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

	Please Circle	Please Explain
Did you achieve your goals?	No    Yes	_____
Is an ongoing exercise program important to you	No    Yes	_____
Were the Club facilities satisfactory?	No    Yes	_____
Was the Club maintained properly?	No    Yes	_____
Was our staff consistently friendly, helpful & interested?	No    Yes	_____
Would you consider rejoining?	No    Yes	_____
What was your primary motivation to join the Club?		_____
How long did you plan to be a member?		_____
What were your primary activities at the Club?		_____
What is the primary reason for your resignation?		_____
What could we have done to prevent your resignation?		_____
Comments:		_____

Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

AS STATED IN YOUR APPLICATION & AGREEMENT, ALL MEMBERSHIPS REQUIRE A THIRTY (30) DAY WRITTEN NOTICE. FULL PAYMENT OF YOUR ACCOUNT, OR AN ARRANGEMENT FOR PAYMENT, IS DUE AT THE TIME OF THIS RESIGNATION.

<b>OFFICE USE ONLY:</b> Date this Resignation will be effective: _____
Special Instructions: _____
Manager Signature _____ Date: _____
Business Development Office: _____
<b>ACCOUNTING USE ONLY:</b> Comments: _____
_____ Member Mgmt