



MEMBERSHIP DUES
ELECTRONIC FUNDS TRANSFER
TERMINATION NOTIFICATION

Member Name _____

At the NB Fitness Club, every member is important to us. We are sorry that you are leaving. Please take a moment to complete this form. The termination process will not begin until this form is completed and submitted to the staff.

- A. I would like to terminate the billing of my:
 - a. Membership Dues _____
 - b. Locker # _____
 - c. Life Conditioning Program (only) _____
 - d. Life Conditioning Program & Membership _____

- B. Please indicate why you are terminating your membership (check all that are appropriate)
 - Lack of use
 - Dissatisfaction with:
 - Facility Equipment Service
 - Cost
 - Medical Problem
 - Job
 - Home relocation

C. Per NB Fitness Club's termination policies, you will be charged one additional full month of membership dues on the date you submit this form.

D. If your situation ever changes, would you join the NB Fitness Club again? Yes No

Additional Comments: _____

Signature

Date

Print Name

Company Name

===== STAFF USE ONLY =====

Staff Approval _____ Effective Date _____

Membership Type _____ Under Contract _____ Last Debit Date _____