

## **MEMBERSHIP CANCELLATION**

PRIMARY AC	D#					
Name				<del></del>		
Address						
City			State		ip	
		Othe	her phone			
E-mail						
***30-day notification is required to cancel your auto-pay. Auto-pays are run the 1 <sup>st</sup> of the month. The next auto-pay scheduled within this 30 day period will still be applied. For example, if we receive the cancellation form on the July 12th, your membership will be cancelled on the last day of the August. All of your membership privileges will remain in force until that date. An early termination fee of \$25.00 will be charged for memberships wishing to terminate in less than 30 days.						
Reason for cancellation: ☐ Insufficient Use			□ Facilit	ty is too far		
☐ Rates are too expensive			☐ Movin	ng		
☐ Financial Reasons			☐ Too crowded			
☐ Facility does not meet my expectations		ectations	Long term injury			
☐ Other						
Signature			Request Date			
☐ Early Termin	nation (\$25.00 Fee)	)				
If mailing, please send this form to Downingtown Rock Gym, 3853 Old Easton Rd, Doylestown, PA 18902 via Certified Mail. Otherwise, we CAN NOT BE RESPONSIBLE FOR LOST MAIL. If you wish to fax this form please call the facility for the fax number, send the form and call back to verify receipt with a LIVE PERSON(messages will not be accepted). If you wish to e-mail the form then fill it out, scan it and e-mail to info@downingtownrockgym.com . If you do not receive a return e-mail confirmation within 5 business days then please call the gym to verify. We are NOT RESPONSIBLE FOR TRANSMISSION ERRORS.						
	OFF	FICE USE	ONL	Y		
Date received Received By				□In person	□Mail	□Fax
Cancellation completed by				Date_		