

Gymies Health & Fitness Club, Inc.
47 West Jackson Street
P.O. Box 347
Cicero, IN 46034-0347
(317) 984-3399



Thirty (30) Day Cancellation Notice

(Your information, including phone number and email, is confidential and will be used solely for restricted and essential purposes.)

Primary Member's Name: _____
Mailing Address: _____
City (Mailing): _____ State (Mailing): _____ Zip (Mailing): _____
Mobile Phone: (____) _____
E-Mail Address: _____

Please cancel my membership per the Membership Agreement terms. I understand the required notice to cancel is thirty (30) days and as such an additional monthly fee may be drafted from my checking or savings account if this notice is less than thirty (30) days from the next draft date (15th or first banking business day after the 15th). I understand that if the previous month's draft was returned that it may be added to any draft due.

SELECT ONE OF THE OPTIONS:

- Cancel ALL members on membership: _____
- Cancel ALL members on membership EXCEPT: _____
- Cancel ONLY _____ and leave ALL other members active on membership.

Reason for cancellation: _____

Date: _____

Form must be dropped off in person at 47 W. Jackson St., Cicero, IN or mailed via U.S. Certified Mail to P.O. Box 347, Cicero, IN 46034-0347

OFFICE USE ONLY

Member #: _____
Last Use Date: _____
Last Draft Date: _____
Contract End Date: _____
Posted to System Date: _____

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Primary Member's signature