

**MEMBER ACCOUNT  
 TERMINATION REQUEST FORM**

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

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

Member Key tag Barcode: \_\_\_\_\_

Billing Date: Circle one: [ 1st ] [ 15th ]

Billing Amount: \$ \_\_\_\_\_

**\*\* This form must be received for processing 24 hours prior to your billing date.  
 You will receive a message confirming your termination effective date. \*\***

*This form can be submitted in person during hours of operation, faxed to 304-285-3738 or sent attached to email:  
 FitFrontDesk@HealthWorksRF.com*

**TERMINATE**

\_\_\_\_\_ Reason

I want to cancel my Fitness Membership on the next available billing cycle. I understand this form must be received at least 24 hours prior to my next billing date, otherwise I am responsible for all membership fees associated with my account and my account will terminate on the next billing cycle. I understand all privileges of membership will be available to me until my termination effective date. I understand if my account has a balance, it must be paid in full before termination can take effect. I understand when this form is processed I will receive a termination confirmation from HealthWorks with my effective termination date. I understand if I re-initiate a fitness membership within 120 days (4 months) of my termination date the re-initiation fee is \$10.00. If it is after 4 months, the re-initiation fee is \$35.00.

Please select where you would like us to send confirmation:

Email address: \_\_\_\_\_

or

Postal address: \_\_\_\_\_

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

Fitness Receptionist Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:

  
  
  
  
  

For Staff Use Only:

\_\_\_\_\_ Date Form Received

\_\_\_\_\_ Date Confirmation Sent

\_\_\_\_\_ Confirmation Method

Supervisor Signature /Date

Audit Initials/Date