



MEMBERSHIP CANCELLATION

PRIMARY ACCOUNT HOLDER		ID#
Name		
Address		
City	State	Zip
Phone	Other phone	
E-mail		

***30-day notification is required to cancel your auto-pay. The next auto-pay scheduled after this 30 day period will be the termination date of your membership unless otherwise indicated by the "Effective Date" below. All of you membership privileges will remain in force until that date.

Please cancel my auto-pay membership effective ___/___/___.

Reason for cancellation:

- Insufficient Use
- Rates are too expensive
- Financial Reasons
- Facility does not meet my expectations
- Other _____
- Facility is too far
- Moving
- Too crowded
- Long term injury

Signature _____ Request Date _____

If mailing, please send this form to Doylestown 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. We are NOT RESPONSIBLE FOR TRANSMISSION ERRORS.

OFFICE USE ONLY

Date received _____ Received By _____ In person Mail Fax

Cancellation completed by _____ Date _____