

400 THIRD FITNESS CENTRE

Suite 300, 400 -3rd Avenue SW Calgary, Alberta T2P 4H2

MEMBERSHIP CANCELLATION FORM

EFFECTIVE DATE:	YY	MM	DD
NAME (PLEASE PRINT)			
COMPANY NAME			
REASON FOR CANCELLATION:			

- ❖ This form must be submitted no later than the **15th** of the month, for cancellations effective at the **END OF THE MONTH.**
- ❖ There is a \$50.00 Administrative Fee for Tenants to Re-Join.
- ❖ Cancellation will only be effective once the initial four-month minimum term of membership has been completed.

MEMBER SIGNATURE	DATE:	YY	MM	DD
Liv North AUTHORIZED SIGNATURE	DATE:	YY	MM	DD
