Please Print

Member Name ___________________________________________ Date _____________________________

Additional Names Under This Membership: ________________________________________________

_____________________________________________________________________________________

Phone __________________________ Email ________________________________________________

Last Date of Membership _______________________________________________________________

Reason for Cancellation: __________________________________________________________________

*Memberships are non-transferable, and are to be used only by the person to whom it is issued. Memberships are non-refundable except in cases of physician-verified illness. Memberships may be frozen once per year for a period of no less than 30 days and not more than 90 days (excluding business members). Monthly payment plan memberships require a 6 month minimum. If the minimum is not met, a $100 fee will be assessed.