



WM. TALLEY FITNESS CENTER CANCELLATION FORM

I, _____ would like to cancel my monthly
(must be primary member on account)

- ADULT MEMBERSHIP
- SENIOR MEMBERSHIP
- FAMILY MEMBERSHIP
- CORPORATE MEMBERSHIP _____
(NAME OF COMPANY)
- 16-18 YR. MEMBERSHIP

My reason for cancellation is:

ANY OUTSTANDING FEES MUST BE PAID BEFORE ACCEPTANCE OF CANCELATION.

I also understand this process will take up to 30-days upon receipt of request. *(Per article III section 2 in membership agreement.)*

Member Name: _____

Additional Family Members: _____

Signature: _____ Date: _____

Staff: _____