

_____ Primary Member's Name

**HEALTHPLEX OF CAPE FEAR VALLEY
CANCELLATION FORM**

CANCELLATION EFFECTIVE DATE: _____

- CANCELLATIONS REQUIRE 30-DAY NOTICE PRIOR TO THE FIRST OF THE MONTH AS WELL AS PAYMENT OF ALL CURRENT CHARGES AND RETURN OF MEMBERSHIP CARD AND SMARTKEY.

MEMBER NAME(S) TO BE CANCELLED: _____

MEMBERSHIP NUMBER(S) THAT ARE TO BE CANCELLED: _____

OTHER MEMBERS TO REMAIN ACTIVE: _____

REASON FOR CANCELLATION:

- A. _____ No time to use facility (too busy) _____
- B. _____ Non-use of facility because: _____
- C. _____ Financial difficulties _____
- D. _____ Dissatisfied with facility. Explain: _____
- E. _____ Price (cost of membership) _____
- F. _____ Personal problems _____
- G. _____ Location/Traffic _____
- H. _____ Purchase home exercise equipment _____
- I. _____ Medical issues _____
- J. _____ Leave of employ of company (for corporate accounts) – Date of termination: _____
- K. _____ Relocation: Military _____ Civilian _____

Do you rent a locker? Yes _____ No _____ Male _____ Female _____ Locker # _____

If you are a Cape Fear Valley employee, are you being payroll deducted? Yes _____ No _____

Cape Fear Valley Employee ID Number: _____

**Please assist us in making the HealthPlex even better.
Let us know how we can improve our facility or services:**

MEMBER'S SIGNATURE: _____ **Date** _____
(Original Signature Required)

Administrative Cancellation (please explain): _____

HealthPlex Staff Signature _____ **Date:** _____

_____ Primary Member's Name

**HEALTHPLEX OF CAPE FEAR VALLEY
CANCELLATION FORM**

CANCELLATION EFFECTIVE DATE: _____

- CANCELLATIONS REQUIRE 30-DAY NOTICE PRIOR TO THE FIRST OF THE MONTH AS WELL AS PAYMENT OF ALL CURRENT CHARGES AND RETURN OF MEMBERSHIP CARD AND SMARTKEY.

MEMBER NAME(S) TO BE CANCELLED: _____

MEMBERSHIP NUMBER(S) THAT ARE TO BE CANCELLED: _____

OTHER MEMBERS TO REMAIN ACTIVE: _____

REASON FOR CANCELLATION:

- A. _____ No time to use facility (too busy) _____
- B. _____ Non-use of facility because: _____
- C. _____ Financial difficulties _____
- D. _____ Dissatisfied with facility. Explain: _____
- E. _____ Price (cost of membership) _____
- F. _____ Personal problems _____
- G. _____ Location/Traffic _____
- H. _____ Purchase home exercise equipment _____
- I. _____ Medical issues _____
- J. _____ Leave of employ of company (for corporate accounts) – Date of termination: _____
- K. _____ Relocation: Military _____ Civilian _____

Do you rent a locker? Yes _____ No _____ Male _____ Female _____ Locker # _____

If you are a Cape Fear Valley employee, are you being payroll deducted? Yes _____ No _____

Cape Fear Valley Employee ID Number: _____

**Please assist us in making the HealthPlex even better.
Let us know how we can improve our facility or services:**

MEMBER'S SIGNATURE: _____ **Date** _____
(Original Signature Required)

Administrative Cancellation (please explain): _____

HealthPlex Staff Signature _____ **Date:** _____