WM. TALLEY FITNESS CENTER CANCELLATION FORM

I, _____________________________ would like to cancel my monthly membership (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 CANCELLATION.

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: ____________