

PURE LIFE



Fitness Center

Membership Cancellation Form

Complete this form and place it, **along with your member's keycard**, in an envelope and place in the drop slot outside the facility's door. Once this form is received your membership will be terminated at the end of the current month. Thank you for your business and we hope to work with you in the future.

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Name of Financial Institution _____

Routing Transit Number _____

Account Number _____

Signature _____ Date _____