



CANCELLATION REQUEST
Monthly Dues Members only

Please complete this form and **mail** it to our corporate office.

MEMBERSHIP NUMBER

(Back Of Membership card)

Please complete one form per member.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

**Please fill out the
information on this form
and mail to:**

**Work Out Plus Management
320 W. Pumping Station Rd.
Quakertown, Pa. 18951**

REASON FOR CANCELLATION:

☐ Non- Usage ☐ Relocation ☐ Financial ☐ Medical

☐ Other (Please specify) _____

Unhappy with:

☐ Aerobics ☐ Equipment ☐ Maintenance ☐ Staff

☐ Other (Please specify) _____

CANCELLATION PROCEDURES:

Members may terminate the monthly dues membership by giving WorkOut Plus, Inc. a 30-Day written notice of termination. (All Contractual obligations must be fulfilled according to your signed agreement with WorkOut Plus, Inc. to qualify) After receipt of the termination notice, you will be billed for one final month of membership.

NOTE:

WorkOut Plus requires cancellations be sent certified mail with return receipt requested. (Please refer to your membership agreement.) This will guarantee you signed documentation that your cancellation has been received.

Signature: _____ Date: _____