



REQUEST TO CANCEL **MONTH TO MONTH** MEMBERSHP

****If you have not fulfilled your 1-year agreement you may NOT use this form
until it rolls over to a month-to-month membership****

Member Name_____

Your membership agreement requires 30 days notice. Your 30 days will be processed from the day that PUSH receives this form. You are responsible for all fees until your cancellation is effective. Cancellations will not be processed if you have a balance.

I understand that this form is a request to cancel my membership. Further, by signing this form, I acknowledge that my membership will not be cancelled if I have a past due balance of any kind.

(Signature of Member)

(Date)

Email: _____

****You will receive confirmation of cancellation through email 30 days after PUSH receives this form.**

You will not receive an email when cancellation is received _____ (initial)**

Mail Directly to Club:

PUSH Fitness Center

1135 Fairport Road

Fairport, NY 14450

Email: info@push-fc.com