

**Centenary Fitness Center
Membership Cancellation Request Form**

Date: _____

I, _____, would like to request that my membership to the Centenary Fitness Center be placed into the cancellation procedures as of ____ (month) ____ (day), 20____.

I understand that my current account balance must be paid in full before my cancellation request is accepted and completed. If I wish to rejoin the Fitness Center, I understand that I may do so at any time and I also understand that I will be required to follow the initial joining process as a new member.

Date _____

Print Name _____

Member Signature _____

List all additional members that will be cancelled along with the primary member:

Please state reason for cancelling:

Note: Membership Cancellation Request must be received before the 1st day of the next monthly billing cycle for the request to be considered. All account must have a zero balance upon cancellation.

Additional Comments:

Staff Signature: _____

Date: _____

Centenary Fitness Center
2911 Centenary Blvd.
Shreveport, LA 71104
(318) 8691 5060 (Front Desk)
dorr@centenary.edu