



MEMBERSHIP CANCELLATION REQUEST FORM



PLEASE COMPLETE THIS FORM AND IT SEND VIA CERTIFIED MAIL TO COAST FITNESS - PO BOX 1810, MANHATTAN BEACH, CA 90267, BY E-MAIL TO INFO@COAST-FITNESS.COM OR PERSONALLY DELIVER TO THE COAST FITNESS CLUB.

Member Name: _____

Type of Membership: _____ Bar Code #: _____

Phone Number (H): _____ Phone Number (Cell): _____

Email Address: _____

Do You Have a Rental Locker: ☐ YES ☐ NO If Yes, Locker Number: _____

IMPORTANT - PLEASE READ CAREFULLY: PLEASE BE ADVISED THAT I WISH TO CANCEL MY MEMBERSHIP UNDER THE FOLLOWING CONDITIONS:

- Coast Fitness has received my cancellation notice at least five (5) business days prior to my Cancellation Effective Date.
- I have paid all outstanding Coast Fitness charges through the Cancellation Effective Date prior to the acceptance of my Cancellation Notice.
- I am not in default of any provision of the Membership Agreement.

Date This Cancellation Notice Was Received by Coast Fitness: _____

Coast Fitness is Continually Striving to Improve Our Member Service. Please Answer the Following Questions:

1. Reason for Canceling Your Membership:

☐ Relocation: New Address: _____

☐ Medical: Please Explain: _____

☐ Member at Another Health Club. Please List: _____

☐ Financial ☐ Lack of Use ☐ Other: Please Explain: _____

☐ Equipment Not Satisfactory: Please Explain: _____

2. What Services Did You Use Most Frequently? ☐ Indoor Cycling ☐ Yoga ☐ SMASH ☐ Other Group Exercise

☐ Cardio Equipment ☐ Kids Club ☐ Free Weights/Machines ☐ Sauna ☐ Jacuzzi ☐ Other: _____

3. Please Rate Us: Coast Fitness: Low 1 2 3 4 5 High Staff: Low 1 2 3 4 5 High

4. Under What Conditions, if Any, Would You Remain a Member of Coast Fitness? _____

5. Would You Consider Rejoining Coast Fitness at a Later Date? ☐ YES ☐ NO

6. What Did You Like About Coast Fitness? _____

7. What Are Your Recommendations for Improving Coast Fitness? _____

Member Signature: _____ Date: _____

Coast Fitness Employee: _____ Date: _____