



# RESERVOIR HEALTH AND FITNESS

## **MEMBERSHIP CANCELLATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason: \_\_\_\_\_

I acknowledge there is a 30 Day **PAID** notice period for my cancellation and I may still use the club for this time.

**Payments MUST be up to date for Cancellation to be processed**

**Reversals, overdues, suspensions or catch ups may delay the finish date**

We are sad to see you go ☹

If there's anything we could do to keep you being a valued member of the RHF family please don't hesitate to discuss with management or comment feedback below

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_