



## Membership Cancellation Form

**Date:** \_\_\_\_\_

Dear One-on-One Fitness,

This form serves to submit my **30 days notice to cancel my membership** at *One on One Fitness LLC*. I understand that **there is a five day grace period from my monthly payment date to submit my cancellation** to the facility. (Example: If my payment comes out on the 1st of the month, I have until the 6th to submit my cancellation to the facility, if it comes out on the 15th of the month, I have until the 20th to submit cancellation to the facility or a payment will be withdrawn the next month) My membership will then be cancelled. All obligations have been fulfilled with regard to this membership.

My membership is being cancelled for the following reason:

**(Please check)**

Illness or surgery

Travel

Moving out of town

Not using

Other: \_\_\_\_\_

My email address is: \_\_\_\_\_

(For a confirmation letter)

**Yours sincerely,**

**(Signature)**

\_\_\_\_\_

**Name (printed)**

\_\_\_\_\_

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**Facility Use**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Last draft on: \_\_\_\_\_ By: \_\_\_\_\_

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