

Cancellation Form



MEMBERS MUST CANCEL IN-PERSON TO VERIFY IDENTITY.

NAME:	
DATE:	
EMAIL:	
PHONE:	
REASON FOR CANCEL:	

PLEASE REFER TO THE MEMBERSHIP AGREEMENT FOR CLARIFICATIONS.

BARBELL BROTHERS LLC MEMBERSHIP AGREEMENT REQUIRES MEMBERS TO PAY **1 MORE BILLING CYCLE** PRIOR TO FULL TERMINATION OF MEMBERSHIP (UNLESS THE MEMBERSHIP TYPE IS NOT MONTHLY). MEMBERS WILL STILL HAVE ACCESS TO THE FACILITY UNTIL THE 15th OF THE MONTH FOLLOWING THE LAST PAID CYCLE.

BY SIGNING BELOW I AM FULLY AWARE:

- MY MEMBERSHIP (KEY FOB) AND FULL ACCESS TO BARBELL BROTHERS LLC (GYM) WILL BE TERMINATED AT THE APPROPRIATE TIME/DAY STATED ABOVE.
- IF I DECIDE TO REJOIN THE GYM IN THE FUTURE, THE PRICES MAY BE CHANGED.

SIGNATURE: _____