



Membership Cancellation Form

Name (Please Print): _____

Phone number: _____ Email: _____

❖ **Reason for cancellation:**

1. Moving out of the area
2. Financial challenges
3. Don't use it enough
4. Not satisfied with the wellness and fitness services or programs

Please explain: _____

5. Other - _____

❖ **What one thing could you recommend that we do to improve our services or programs to customers in the future?**

Signature: _____ Date: _____

Thank you for being a valued HealthStyles member, we hope to see you back!