

KEARNS OQUIRRH PARK FITNESS CENTER

MEMBER REQUEST FOR TERMINATION OF MEMBERSHIP FOR AUTOMATIC WITHDRAWAL OPTION

Member Name _____

Address _____

Phone Number _____

Member Barcode # _____

Reason for cancellation _____

If Moving, Date _____

Comments or suggestions _____

Please note: This request will be processed the next business day after its receipt. The membership agreement requires a minimum term of one year and thirty days advance written notice to stop the automatic drafts. The membership will remain active during the thirty-day period and your account will be drafted.

*Patron Signature _____ Date _____

Signature of employee taking request _____

Date Terminated _____ Initials _____

Completed form must be submitted by:

Mail: KOPFC, 5624 South 4800 West, Kearns, Utah 84118 attn. Membership.

Or faxed: 801-966-3670 attn. Membership.

Form also available and may be submitted at the Fitness Center front counter.

*** Signature required or request will not be processed.**