

MAX FITNESS

CITY: **BATON ROUGE**

CLUB CODE: **MBR**

REQUEST FOR CANCELLATION OF MEMBERSHIP

Member Name: _____ Member ID: _____

Today's Date: _____

YOU ARE REQUIRED TO MAIL THIS FORM CERTIFIED MAIL TO THE ADDRESS BELOW. MAX FITNESS STAFF CANNOT ACCEPT YOUR CANCELLATION FORM. YOU WILL CONTINUE TO BE BILLED, IF YOU DO NOT FOLLOW THE CANCELLATION POLICY ACCORDING TO THIS CANCELLATION FORM. WE DO NOT ACCEPT CANCELLATION REQUEST VIA FAX.

Below are the only cancellation provisions provided for by your contract. Please indicate the one that applies to this request. Your account will **NOT** be cancelled until you provide the required proofs. Your contract requires 30 days written notice. You are responsible for all fees until your cancellation is effective.

1. **Medical**: You are providing proof that you have become totally and permanently disabled during the term of your membership. Total and permanent disability means such disability as would prevent you from using any of the sellers' facilities. a written physician's statement is required.
2. **Relocation**: If a member relocates more than **30** miles from the club, the member may cancel the contract if an affiliated club is not provided. Member must provide proof of permanent relocation. Please refer to the acceptable proof list on the back of this form.
3. **Expiration/ Month to Month**: If the number of payments you agreed to on your contract have been completed or your contract stipulates that you have the option to cancel.

ANYONE CANCELLING PRIOR TO THE COMPLETION OF THEIR CONTRACT, IS REQUIRED TO PAY A \$50 CANCELLATION FEE {UNLESS WAIVED ON CONTRACT}. PLEASE MAIL IN A CHECK OR MONEY ORDER WITH YOUR CANCELLATION FORM.

NOTE: THIS IS ONLY A REQUEST FOR CANCELLATION. IT DOES NOT GUARANTEE CANCELLATION UNTIL ALL CRITERIA IS MET.

MAXFITNESS
7347 HIGHLAND ROAD
BATON ROUGE, LA 70808

FOR ANY QUESTIONS PLEASE CALL (225) 768-7150