

THE LOCAL GYM

Fitness. Simplified.

REQUEST TO CANCEL MEMBERSHIP

All requests must be received 10 DAYS prior to your due date. If not received within 10 days you will be charged an additional month.

First Name _____

Last Name _____

Date _____

Due Date _____

Reason for cancellation:

Signature _____

Date _____

Please print out and complete the form and return to The Local Gym. Form must be presented in person or via mail.