Youfit HEALTH CLUBS

Membership Information Change Form

Date: _____/_____/_____ Agreement # ___ ___ ___ ___- _____

Name: _____ Update Billing: Visa - MC - Disc - Amex - Checking

Last 4 of Card/Acct: ___ - ___ - ___ - ___ Downgrade: From $_____ to $_____ New Mem Type:_____

I wish to freeze or discontinue my membership for the following reason (Circle One)

- Move/ Travel
- Insufficient Usage
- Military
- Medical
- Joined New Gym
- Other _____

_____**Membership Freeze** **Doctors Name:** _____

You may request a membership freeze for medical purposes only. Each freeze may be for no more than three consecutive months and you may only freeze your membership two times per 12 month period. Proof of your medical condition is required.
All freeze requests must be at least 10 days prior to next bill date to be eligible. (Financial, Medical, and Military)

_____**Month To Month Membership**

If you wish to discontinue your Month-to-Month membership you may do so at any time by completing this form & submitting it to Youfit. Per your membership agreement all processing fees must be paid. Maximum processing fee is just $10. In order to discontinue billing, Youfit requires up to 10 days notice prior to your next billing date. You are responsible for any fees that come due during the 10 day period. All prepaid months will be applied upon termination.

_____**Military Deployment** **Deploying To:** _____

If you must discontinue your membership due to military deployment you may do so by providing us with current proof of your deployment documents. These documents must show you being relocated to an area in which you will not be able to take advantage of your Youfit Health Clubs location. In order to discontinue billing Youfit requires at least ten (10) days notice prior to your next billing date.

By signing below I acknowledge that I understand that this is a request only for cancellation of my membership & that it will take up to 10 days to process my request. If this request does not meet the requirements set forth in my agreement, I will remain responsible for the balance due on my account and my cancellation request will be denied. In order for a membership to be cancelled the payment of a processing fee is required.

NOTES:_____

_____

Member Signature _____ **Date**_____

---------- **Office Use Only** ----------

Most Recent Checkin: ___ /___ /___ **Last Day Access:** ____ /____ **Next Invoice:** ____ /____ /____

Responsible for next invoice? □Yes □No **Freeze Dates** ____ /____ to ____ /____

Does member have a recurring service? □Yes □No **Request to deactivate filled out?** □Yes □No

Does member have childcare? □Yes □No

Print Employee Name _____ **Employee Initials** _____

This document must be hand delivered to or mailed via certified mail to a Youfit location