

Once completed, please email this form to: loganfitness@jalc.edu

RECURRING MEMBERSHIP CANCELLATION FORM

First: _____ MI: _____ Last: _____ Date of Birth: _____

Phone #: _____ E-mail: _____

Please read the following statement and check the box:

- ☐ *I understand the recurring membership service agreement policies which I agreed to when purchasing my initial recurring membership (listed below).*

Recurring Membership/Service Agreement

I agree to the following terms of membership:

1. Recurring membership may be canceled at any time, without fee, following the completion of the first full month.
2. To cancel recurring membership, member must request and complete the Recurring Membership Cancellation Form.
3. I acknowledge the cancellation request of recurring membership must be received by Logan Fitness staff ***no later than the 25th day of the current month to prevent deduction for the upcoming month.***
4. I acknowledge cancellation will result in loss of access to Logan Fitness facilities.
5. I acknowledge there will be no refunds given for any recurring payments for any reason.

Member Signature: _____ Date: _____
(Please type name)

STAFF USE ONLY

Patron Fusion ID Number: M- _____

Original Purchase Date: _____ Fusion Order Number: O- _____

Cancellation Notes: _____

Fitness Desk Worker: _____ Date: _____

Approval Signature: _____ Date: _____

Recurring membership removed (Y/N): _____ Email sent (Y/N): _____