

# ANYTIME FITNESS

## Membership Cancellation Form

By signing this cancellation form, member confirms that a cancellation fee of \$\_\_\_\_\_ has been collected on the date of \_\_\_\_\_.

Agreement No. \_\_\_\_\_

Member Name \_\_\_\_\_

Member Signature \_\_\_\_\_

Staff Name \_\_\_\_\_

Staff Signature \_\_\_\_\_

A scanned copy of the primary member's valid Driver License must be attached to this document to confirm member's identity.