



New Haven Fitness Center Membership Cancellation Form

Names of Member(s) to be cancelled:

Type of Membership:

_____ Base _____ Premium _____ Family Plus Premium _____ Program Pass

Reason for Cancellation:

- _____ Too costly
_____ Not using Membership
_____ Other reason*

*Please Explain: _____

Signature of Primary Pass Holder

Today's Date

SURVEY

What did you enjoy about our gym?

How could we have improved your overall experience?

Thank you for your feedback!