



Membership and Pre-Authorized Debit (PAD) CANCELLATION Request Form

A minimum of 30 (thirty) days notice is required to cancel Fitness Memberships and Pre-Authorized Debits.

NOTE: ●Your membership will remain active during the 30 days; you may use your membership until the cancellation date. ●Please note: Pre-Authorized debits may continue to come out during the 30 days cancellation period, your cancellation fee and membership cancellation date will be adjusted to reflect the payment. ●You must be in good standing; all outstanding amounts, dues and *cancellation fees must be paid prior to cancellation approval (cancellation fee = \$4.17 per month left on your membership agreement). ●A designated NSC Staff Signature is required on this form before cancellation requests are approved. ●No back dating Cancellation requests.

Full Name(s): _____ Email: _____

Address: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____

1) I would like to cancel my 12 month fitness membership (please check one):

Regular Full Membership Morning Only Membership Track only Membership

2) I would like to cancel my Pre-Authorized Debit; *see Conditions for your last PAD date: Yes N/A

3) I am cancelling my membership for the following reason:

Moving Leave of Absence. Medical Reason

Services did not meet my needs. Please Explain: _____

Other - Please Explain: _____

Members Signature	Date Member signed	Senior Staff Authorization	Date Approved

*Conditions of Cancellation - Senior Staff To Confirm

Your Membership Cancellation Date is (MM / DD / YY): ____/____/____/.

NOTE: The last Pre-authorized debit will be charged to your account on (MM / 01 / YY): ____ / 01 / ____).

There is a \$50.00 pro-rated cancellation fee to cancel memberships. ____ months left on your membership x \$4.17 per month = \$____ (including tax) This amount plus any outstanding dues must be paid to complete the cancellation process.

Details/Notes: _____
