

500 WEST MONROE, CHICAGO, ILLINOIS

**BIKE ROOM MEMBERSHIP TERMINATION FORM**

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\*\*\*\*\*

ACCESS ID CARD

NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF TERMINATION (If cancelled mid month, membership will continue until the end of the month of such cancellation. Fees will not be prorated, nor will a refund be due for any mid-month cancellation):

\_\_\_\_\_

REASON FOR

TERMINATION: \_\_\_\_\_

I \_\_\_\_\_, hereby terminate my fitness center membership at 500 West Monroe. I understand it is my responsibility to contact Pay Pal directly to discontinue future re-occurring payments through their system as of the Effective Date (above).

SIGNATURE OF MEMBER: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_