

500 WEST MONROE, CHICAGO, ILLINOIS

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: _____