

GE Fitness Center Cancellation Form

Date: _____

Member Name: _____

SSO#: _____

Billing Address:		
City:	State:	Zip:
E-mail Address:		
Home Phone: () -	Work Phone: () -	

Membership Cancellation

Reason(s) for cancelling:

I understand that my membership cancellation will take effect thirty (30) days from this written notification.

Member Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____