



MEMBERSHIP CANCEL / FREEZE / HOLD REQUEST

Date: _____

Member: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Request: Cancel "Freeze" a Monthly Draft "Hold" a Paid In Full

Reason: _____

We want you to be well informed and understand that:

- you must be present to cancel
- any outstanding membership dues must be paid prior to cancellation
- if you wish to cancel, you must provide written notification via this form 10 days prior to the date of your draft
- if your draft is scheduled within 10 days of your request to cancel, that draft has to be processed then you may cancel
- all paid in full memberships are non-refundable
- you can "freeze" your monthly draft one time per year
- if you provide a doctors excuse/release, a redeemed/active paid in full membership 12 months or greater can be put on "hold" one time for up to 3 months with payment of a \$50 hold fee

Member Request: in person email fax

Member Signature: _____

Date: _____

H & F Staff Rep: _____

Date Request Received/Processed: _____

INTERNAL ACTIVITY FOR RECOVERY & RETENTION

H & F Staff Rep: _____

Date: _____

BODYWORKS - BECKLEY • 9 YELLOW WOOD WAY, BECKLEY, WV 25801 PHONE: 304.255.2376 EXT. 102 • FAX: 304.255.7120

BODYWORKS - PINEVILLE • 454 APPALACHIAN HWY. RT. 10, PINEVILLE, WV 254874 PHONE: 304.202.0424 • FAX: 304.732.8800