



**CHANGE OF MEMBERSHIP**

Date: \_\_\_\_\_

Name on account (Please print): \_\_\_\_\_

Current Membership Type: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

**To CHANGE your membership type, please choose the type of membership you are requesting:**

\*\*Please note that Monthly memberships may ONLY be paid by Autopay( bank draft). Semi-Annual and Annual memberships may be paid by check, cash or Autopay.

FAMILY             Monthly (\$45/per month)     Semi-Annual (\$250/6 months)             Annual (\$480/ year)

\*\*\*Individuals 23 years of age and older are required to have their own membership

HUSBAND & WIFE     Monthly (\$30/per month)     Semi-Annual (\$175/6 months)             Annual (\$325/ year)

65+COUPLE     Monthly (\$25/per month)     Semi-Annual (\$145/6 months)             Annual (\$265/ year)

INDIVIDUAL     Monthly (\$20/per month)     Semi-Annual (\$110/6 months)             Annual (\$210/ year)

65+ INDIVIDUAL     Monthly (\$15/per month)     Semi-Annual (\$80/6 months)             Annual (\$150/ year)

Members to be added or removed from your account (membership restrictions apply):

**\*\*Liability waiver and PAR-Q MUST be signed and returned with this form for all new members.**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SPOUSE/CHILD    ADD/REMOVE

Name \_\_\_\_\_ DOB \_\_\_\_\_ SPOUSE/CHILD    ADD/REMOVE

Name \_\_\_\_\_ DOB \_\_\_\_\_ SPOUSE/CHILD    ADD/REMOVE

**You will be contacted if any additional payment is due in order to complete membership change.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FLC Welcome Desk Staff Signature:** \_\_\_\_\_



Cancellation Policy

**CANCELLATION of MEMBERSHIP**

**Intent to cancel your membership must be given at least 14 business day before the new billing date to avoid charges and fees.**

Any outstanding balance at the time of cancellation must be resolved before any membership will be reinstated. There will be a \$45 reinstatement fee for reapplication of memberships that have been cancelled or gone inactive.

Name on account (Please print): \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

We're sorry to see you go! Please help us improve by answering three quick questions.

Please tell us your reason for canceling your membership:

- \_\_\_\_\_ Moving
- \_\_\_\_\_ Dissatisfied
- \_\_\_\_\_ Joined another gym
- \_\_\_\_\_ Other (please explain) \_\_\_\_\_

What did you like best about the FLC?

- \_\_\_\_\_ Equipment Availability    \_\_\_\_\_ Hours of Operation    \_\_\_\_\_ Cleanliness
- \_\_\_\_\_ Staff Friendliness    \_\_\_\_\_ Variety of Equipment    \_\_\_\_\_ Atmosphere
- \_\_\_\_\_ Fitness Classes    \_\_\_\_\_ Personal Trainers    \_\_\_\_\_ Other \_\_\_\_\_

How can the FLC be improved?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership to be cancelled as of: \_\_\_\_\_

Today's date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FLC Welcome Desk Staff Signature: \_\_\_\_\_