YouFit GYMS

## Membership Information Change Form

Date:_____/_____/_____ Agreement #_____- _____

Name: _____ Update Billing: Visa - MC - Disc - Amex - Checking

Last 4 of Card/Acct ---------- Downgrade: From $_____to $_____ New Mem Type:_____

**I wish to freeze or cancel my membership for the following reason** (Circle One)

- Move/ Travel
- Insufficient Usage
- Military
- Medical
- Joined New Gym
- Other _____

**____Membership Freeze**

You may request a membership freeze at any time. Each freeze may be for no more than three consecutive months and you may only freeze your membership two times per twelve-month period. There is a $5.00 monthly fee as long as your membership remains on a freeze status. All freeze requests must be at least 30 days prior to next bill date to be eligible.

**____Month To Month Membership**

If you wish to discontinue your Month-to-Month membership you may do so at any time by completing this form & submitting it to your local YouFit. You may also cancel by sending a written letter to YouFit, 4032 W. Hillsboro Blvd., Deerfield Beach, FL 33442. Cancellation requests may take up to thirty (30) days to become effective. You will receive full access to purchased periods. You are responsible for all dues and fees that come due prior to a cancellation request becoming effective, including all dues for the month that occurs during the 30-day cancellation period.

**____Military Deployment**

If you must discontinue your membership due to military deployment you may do so by providing us with current proof of your deployment documents. These documents must show you being relocated to an area in which you will not be able to take advantage of your YouFit location.

By signing below, I acknowledge and understand that this is a request for freeze/cancellation of my gym membership (PT membership cancellation requires a separate form) and that it will take up to 30 days to process my request.

**NOTES:**_____

_____

**Member Signature_____Date_____**

---------- **Office Use Only** ----------

**Most Recent Check-in:**___/___/___ **Last Day Access:**_____/_____ **Next Invoice:**_____/_____/_____

**Responsible for next invoice?** □Yes □No **Freeze Dates**_____/_____to_____/_____

**Does member have a recurring service?** □Yes □No **Request to deactivate filled out?** □Yes □No

**Print Employee Name**_____**Employee Initials** _____

This document must be hand delivered to or mailed via certified mail to a YouFit location