
Life Center Member Cancellation Request

Please complete this form in its entirety.

I, _____, wish to cancel my membership. I am aware that this cancellation will not be in effect until thirty (30) days following the club's receipt of this form. Should there be any pending money due the club, I understand that these must be paid in full before my membership is cancelled. Furthermore, I understand that any refund due to me will be paid via a check within 20 business days from Prisma Health.

Should I decide to rejoin the Life Center later, I understand that I may do so without paying another initiation fee if I rejoin within thirty (30) days of my cancellation date.

Please list all members to be cancelled:

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Reason for cancellation – check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Too far to drive | <input type="checkbox"/> Not using the facility |
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Joining another gym |
| <input type="checkbox"/> Lack of interest | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Other: _____ | |

Was there anything you enjoyed about your experience at the LIFE CENTER?

Was there anything you would change about your experience at the LIFE CENTER?

I understand that there is a 30-day notice required for the cancellation to take effect.

Print Name _____
Member Signature _____ Date _____

Staff use only

Today's date: ____/____/____ Effective Date: ____/____/____ Staff
authorization: _____

Member number: _____ Scan Code: _____

875 West Faris Road, Greenville, SC 29605 * Phone (864) 455-4231 * Fax (864) 455-1596
Confirmation of fax is the responsibility of the member.