



Electronic Member Cancellation Form

Main Member: _____ Account #: _____
Current Mailing Address: _____ Zip: _____
Contact Number: _____ Email: _____
Locker #: _____ Ladies Mens

Reasons for Cancellation:

- | | |
|--|--|
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Joined Another Facility |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Physical Inability (attach a letter from physician) |
| <input type="checkbox"/> Lack of Use | <input type="checkbox"/> Job Change |
| <input type="checkbox"/> Dissatisfied with Service | <input type="checkbox"/> Other _____ |

Cancellation Policy

Cancellations are to be submitted 30 days prior to the 30th day of the applicable month the cancellation is to take effect. A termination fee of \$150 will be applied at cancellation to members that have not fulfilled their original agreement.

This serves as notice that I would like to cancel my membership and I understand all dues and fees must be paid in full before cancellation will take effect.

Main Member's Signature: _____ Date: _____

Electronic Member Cancellation Form must be emailed to ihealthyliving@gsmc.org

You will receive an email notification of when it is received by our business office with an effective date of cancellation.

Business Office Use Only

Agreement Fulfilled: N/A Yes No*

Date Received: _____ Effective Date of Cancellation: _____

Balance on Account:	\$ _____	Amount Paid:	\$ _____
*Cancellation Fee:	\$ _____	Payment Method:	_____
Final Month Dues:	\$ _____	Balance to be Drafted:	\$ _____
Total:	\$ _____		

Member Cancellation Survey

Please take a moment to complete the survey below. Your feedback is important and will be used to improve the facility.

1. Did the Institute for Healthy Living adequately service your needs?

Yes No

2. Do you have a question or concern that the Institute for Healthy Living staff did not address? If so, please list it below in the space provided.

3. What services does the Institute for Healthy Living have that you would recommend to others who are looking for a medically integrated fitness facility?

4. Do you have any suggestions on how the Institute for Healthy Living can be improved?

5. What aspects did you enjoy the most about the Institute for Healthy Living?

6. What aspects did you enjoy the least about the Institute for Healthy Living?

7. Would you consider re-joining the Institute for Healthy Living in the future?

Yes No

8. Were you made aware of the following alternatives to canceling your membership?

- You can freeze your account up to a maximum of six months without losing your contract with the Institute for Healthy Living.
- You have the flexibility to downgrade or upgrade your account.
- We are a no-profit organization and have scholarships available for those in need of financial assistance.
- Your insurance company may offer reimbursement.

Yes No

If you would like additional information on alternatives to canceling your membership, please contact the Member Services Desk in person or by calling (903)323-6511.

Thank you for your response.