



Membership Cancellation Form

Scan or email completed form to:
businessoffice@myfrancos.com

Last First Member Number

PLEASE SELECT REASON FOR CANCELLATION

- Financial Medical Moving Non-Use
- Other _____

PLEASE RATE OUR FACILITY

	+				-
Amenities	5	4	3	2	1
Activities/Programs	5	4	3	2	1
Friendliness of Staff	5	4	3	2	1
General Club Cleanliness	5	4	3	2	1
Facility Overall	5	4	3	2	1

Additional Comments: _____

PLEASE READ CAREFULLY BEFORE SIGNING

- Cancellation form must be signed and returned to the business office no later than the 20th of the previous month.**
- If this deadline is not met, the termination date will be adjusted accordingly.**
- All cancellations are effective for the first of the month.**
- This form will not be processed without member's signature.**

Any dues, charges, or other debts incurred by me or my family on this account will be paid by me no later than thirty (30) days past the cancellation date. I understand that my account balance is subject to late fees and/or finance charges if the balance is not paid as required by the membership agreement. Should a bill not be received, I understand it will be my responsibility to contact Franco's Athletic Club and resolve any unpaid balances.

Should this request in any way violate the terms and conditions of my membership agreement, I understand that a cancellation fee may be applied. I understand that Franco's Athletic Club may choose to deny this request for cancellation, I understand I must inform Franco's Athletic Club of any new mailing addresses so that I may receive my final bill or other bills sent to me. Franco's Athletic Club will not be responsible for actions taken on delinquent accounts due to mail return. I understand my failure to pay any amounts due may result in the reporting to any national credit bureau, a transfer to a collection agency, additional collection fees, and/or possible legal action.

Member Signature _____ Date _____

FOR OFFICE USE ONLY

BALANCE AT TIME OF FORM COMPLETION (Not final)			STATUS CHANGE DATE	
CURRENT BALANCE	ADJUSTMENTS	TOTAL DUE	Date of original request	_____
\$ _____	\$ _____	\$ _____	Monthly Rep/Members	_____
Form sent to: _____				