

# KEARNS OQUIRRH PARK FITNESS CENTER

## MEMBER REQUEST FOR TERMINATION OF MEMBERSHIP FOR AUTOMATIC WITHDRAWAL OPTION

Member Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Member Barcode # \_\_\_\_\_

Reason for cancellation \_\_\_\_\_

If Moving, Date \_\_\_\_\_

Comments or suggestions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: This request will be processed the next business day after its receipt. The membership agreement requires a minimum term of one year and thirty days advance written notice to stop the automatic drafts. The membership will remain active during the thirty-day period and your account will be drafted.

\*Patron Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of employee taking request \_\_\_\_\_

Date Terminated \_\_\_\_\_ Initials \_\_\_\_\_

Completed form must be submitted by:

Mail: KOPFC, 5624 South 4800 West, Kearns, Utah 84118 attn. Membership.

Or e-mailed to: [memberships@kopfc.com](mailto:memberships@kopfc.com)

Form also available and may be submitted at the Fitness Center front counter.

**\* Signature required.**