

**My Fitness Kitchen**  
**LEVEL 1 - 2 - 3**  
**Month-2-Month (M2M) Membership Cancellation**

Date Paperwork Submitted: \_\_\_\_\_ Printed Name of Member: \_\_\_\_\_

Signature of Member Terminating Membership: \_\_\_\_\_

What Level Coaching Membership being cancelled? \_\_\_\_\_

**The (1) one calendar month advance written notice to cancel from the above dated MONTH will carry you into the following month draft; therefore make you responsible for one more month of dues. You will have membership privilege access until the end of that respective month.**

**With this cancellation request  
You will have (1) one more month of dues responsibility.**

**Although we bill on the 5<sup>th</sup> of every month, any notice received on the 1<sup>st</sup> or after will have one additional billing of dues.**

*For Example: if you request to cancel in writing on August 1<sup>st</sup>, you will have August and September billing.*

**Your Last Month of Billing of Dues for cancelled member will be: \_\_\_\_\_**

**In the last three months, how many times per month did you use the club?**

- 0-3       4-6       7-9       10-12       more than 12

**Overall, how satisfied were you with the club?**

- Very Satisfied       Somewhat Dissatisfied  
 Somewhat Satisfied       Very Dissatisfied

**Are you aware of our Membership "HOLD" Option? Yes or No; would you be interested in this? Yes or No**

**Why are you leaving My Fitness Kitchen?**

\_\_\_\_\_

\_\_\_\_\_

**What could we have done differently to have prevented your leaving?**

\_\_\_\_\_

**Are there any conditions under which you might consider remaining a member? If so, what can MFK do for you?** \_\_\_\_\_

\_\_\_\_\_

**My Fitness Kitchen**  
**1025 Latrobe 30 Plaza Suite #127 Latrobe, Pa 15650**  
**724-879-8523**

**MFK Staff**  
Received By: \_\_\_\_\_  
Date: \_\_\_\_\_