

My Fitness Kitchen
LEVEL 1 - 12-Month Open-Ended Agreement Membership Cancellation

Date Paperwork Submitted: _____ Printed Name of Member: _____

Signature of Member Terminating Membership: _____

The one (1) calendar month written notice 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 as per your agreement
You will minimally have (1) one more month of dues responsibility.**

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

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

If I have not fulfilled my initial (12) payments of my LEVEL 1 agreement I understand
this notice to cancel will ONLY be valid once the 12th payment has been made and the
notice was submitted minimally one (1) calendar month prior to the respective 12th
payment month.

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: _____