

**RESPONSIBLE MEMBER:**

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_\_

I understand that Lott Fitness Center must physically receive my cancellation notice by the **19th day of the Month**, so my account will not be charged for the next month. I understand it is my responsibility to ensure receipt of this form. I understand that my membership will expire on the last day of the month for which cancellation notice was submitted.

Please cancel my membership effective (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for Cancellation:**

- Month to Month membership and owe nothing.
- I completed my initial 12 month membership term and owe nothing.
- I have not completed my initial 12 month membership term, but have attached proof of permanent residence move more than 25 miles from Corsicana or Fairfield, Texas area.
- I have not completed my initial 12 month membership term and have not provided proof that I have permanently moved my residence more than 25 miles from the Corsicana or Fairfield, Texas area. I understand that I am responsible for a \$100 cancellation fee.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Staff use only** GA change & NOTES: \_\_\_\_\_ **CHECK DEPENDENT DATES, etc.** \_\_\_\_\_ **CX** Enter Contract End Date \_\_\_\_\_ Terminate  
Billing At Contract End \_\_\_\_\_ Comment CX date \_\_\_\_\_ **PG:** AMEX (begins in '3) \_\_\_\_\_ **Corp:** Enter on Corp Invoice: \_\_\_\_\_