

# Cancellation Form

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Today's Date: \_\_\_\_\_ Cancellation Date: \_\_\_\_\_ Balance Due Check \_\_\_\_\_

Primary Member Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

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All members to be cancelled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Names of those to be cancelled: \_\_\_\_\_

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I am hereby giving my written notice of cancellation. I understand that I am responsible for all monthly fees thru the last day of month of my notice. This notice must be received by the 25th of the month prior to the month the cancellation becomes effective. Cancellations received after the 25th and before the 1st of the month will be assessed a late fee. If you cancel your membership and wish to rejoin at a later date, you will be required to pay an enrollment fee.

I understand the Wave's Travel and Medical Hold policies and decline taking advantage of them.

Do you have a locker? \_\_\_\_\_

Cancellation will not be effective until all cards and keys are returned.

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

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We consistently strive to meet the needs of our member's expectations. Could we have served you differently as member? \_\_\_\_\_

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Member Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Thank you for the opportunity to serve you in your quest of health and fitness.



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