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MEMBERSHIP CANCELLATION FORM						
Name				Member #: _		· · · · · · · · · · · · · · · · · · ·
Address:	City:		State:		Zip:	
E-Mail:	Home Phone: ()	Cell	Phone: ()	
CANCELLATION	:					
AND ARE NON-REFT/Monthly Memoutstanding accourant form, available at to YVY Fitness Comonth prior to the	nbership Plans may I unt balances in full & the Fitness Center, enter, 1312 38th Stre cancellation date. It he month, and if so in	be cancelled, at completing the or by written no eet, SUITE 515, f Cancellation is	t any time ar YVY Fitnes otice, via cer Brooklyn, N s not submitt	nd for any s Center N tified mail, lew York 1 ed by the	reason, by Membersh return red 1218, by 1st of the	y paying up any ip Cancellation ceipt requested the 1st of the month, membe
	ELLATION () Rates () Hours () Servi	ce () Moving	() Persona	al()Other	(please explain)
Today's Date:/	1			() Persona	al () Other	(please explain)
Today's Date:/			ce () Moving	() Persona	al () Other	(please explain)
Today's Date:/ Member Signature	1	Date				(please explain)
Today's Date:/ Member Signature	<u>/</u>	Date				(please explain)
Today's Date:/ Member Signature *Signature of Parent or Gu	<u>/</u>	Date				(please explain)
Today's Date:/ Member Signature *Signature of Parent or Gu	/ardian	Date				(please explain)
Today's Date:/ Member Signature *Signature of Parent or Gu Official Use only	/ardian	Date				(please explain)

