



MEMBERSHIP CANCELLATION FORM

Name: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Reason: _____

I acknowledge there is a 30 Day **PAID** notice period for my cancellation and I may still use the club for this time.

Payments MUST be up to date for Cancellation to be processed

Reversals, overdues, suspensions or catch ups may delay the finish date

We are sad to see you go ☹

If there's anything we could do to keep you being a valued member of the RHF family please don't hesitate to discuss with management or comment feedback below

Signature: _____ Date: ____/____/____

Staff Only

Staff Signature

Date

____/____/____