



MEMBER NUMBER [ ] [ ] [ ] [ ] [ ] [ ] [ ] KEYTAG NUMBER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

HOME CLUB \_\_\_\_\_

MEMBER NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**CANCELLATION CONFIRMATION WILL BE SENT TO YOUR EMAIL ADDRESS LISTED BELOW**

EMAIL ADDRESS \_\_\_\_\_

Which Membership do you wish to Cancel? (Select all that apply)

Playroom Membership  Personal Training  Tanning Membership  Locker Rental  Gym Membership  Unlimited Guest Privileges

**IMPORTANT!** Effective date of cancellation shall be determined and approved by the Cancellation Department only pursuant to your Membership Agreement. If approved, the request may not be valid until the next billing cycle depending on the terms of your Agreement. All outstanding balances must be paid in full before a cancellation notice is valid.

YOU MAY NOT ALTER OR WRITE ADDITIONAL TERMS ON THIS FORM. DOING SO MAY MAKE THE REQUEST INVALID.

*Please select your reason for wishing to cancel.*

Military Cancel- Must provide a copy of your current orders.  
 Cancel Due to Move - must include required proof (All outstanding balances must be paid in full.)  Medical Cancel - Must attach current proof from medical doctor (All outstanding balances must be paid in full)

I CERTIFY THAT I HAVE READ MY AGREEMENT AND THE URBAN ACTIVE MEMBER CANCELLATION FORM. I UNDERSTAND AND AGREE TO THE TERMS LISTED ON THIS FORM.

MEMBER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**MAILING INSTRUCTIONS**

If you have fulfilled your contract term and wish to cancel your membership, please fill out the cancellation portion of this form and send using the USPS forms for REGISTERED or CERTIFIED MAIL, RETURN RECEIPT REQUESTED to the following address:

**URBAN ACTIVE MEMBER SERVICES - 1056 Wellington Way, Suite 200 - Lexington, KY 40513**



Dear Tennessee Member:

The following are your cancellation options and what you need to provide to cancel your Urban Active Membership(s) for move, medical and/or military.

**A. Move:** If you are moving more than 25 miles from the club you signed up at and we do not have a club within 15 miles of where you are moving, you must fill out the following cancellation form. As long as you have met the mileage requirements proof of your new address is required.

Acceptable proof includes a current: copy of a signed lease/deed, utility bill, or land line phone bill.

**B. College:** If you need to cancel your membership(s) because you are going back to school, your school must first meet the mileage requirements as stated in Paragraph C. If your school meets those requirements we will need proof you are attending that school.

Acceptable proof includes: Proof of paid tuition for the upcoming semester, a letter from your school's registrar verifying you are enrolled and when classes start, or a copy of your dorm room assignment. NOTE: We do not accept any student ID's or class schedules as proof of move.

**C. Medical:** If you need to cancel for Medical Reasons we need a doctor's note signed by your Medical Doctor stating you are unable to use the facility for more than 30-days. The note must also include your MD's phone number so we can call and verify information if needed.

**D. Military:** You may also be able to cancel your membership(s) by following your Early Termination Option as stated in Paragraph 42 of your contractual agreement.

**E.** Provide a valid email address to receive cancellation confirmation.

**1056 WELLINGTON WAY, SUITE 200 – LEXINGTON, KY 40513**

We hope that your experience with Urban Active was pleasant. If you desire to join a club in the future, we hope that you will choose Urban Active. Thank you for being a valued member.

**MOVE – MEDICAL – MILITARY CANCEL**