

# LIVE FOR LIFE Duke Fitness Club Cancellation Notice

1. Complete this form in its entirety.
2. Return this form to LIVE FOR LIFE any of the following ways:
  - Fax: 919-684-1852 or 919-681-0555, ATTN: Nathan Williams
  - Campus Mail: Duke Fitness Club; Box 3200 - ATTN: Nathan Williams
  - In person: Duke South Red Zone Basement Room 04290  
Office Hours: Monday-Friday, 8a.m.-5p.m. (Closed Wednesdays 12-2p.m.)

**LIVE FOR LIFE use only**

A \_\_\_\_\_  
 D \_\_\_\_\_  
 C \_\_\_\_\_  
 EM \_\_\_\_\_  
 PR \_\_\_\_\_

	CHECK ALL THAT APPLY
Employee Name:	<input type="checkbox"/> Monthly Employee  <input type="checkbox"/> Bi-weekly Employee  <input type="checkbox"/> Pay-By-Credit Card or Check (Last day of the month or Retired Employee)
Duke ID#:	
Duke Phone:	
Email:	
List Fitness Center(s) you belong to:	<input type="checkbox"/> CANCEL ALL <input type="checkbox"/> CANCEL EMPLOYEE ONLY <input type="checkbox"/> CANCEL SPOUSE ONLY  Spouse Name _____  <input type="checkbox"/> CANCEL FAMILY ONLY
Which Club(s) are you canceling?	
Type of Membership (Please Circle): Single, Couple, Family	
If applicable - 2 <sup>nd</sup> Fitness Center Canceling:	
If applicable - Type of Membership (Please Circle): Single, Couple, Family	

**Please initial each below to acknowledge you have read and understood the LIVE FOR LIFE Duke Fitness Club cancellation policy.**

\_\_\_\_\_ This signed cancellation form must be returned to LIVE FOR LIFE and the process for canceling payroll deductions will not begin until that time.

\_\_\_\_\_ I signed up for a minimum of a three month membership and cancellation cannot begin before that time.

\_\_\_\_\_ Payroll deductions may not cease for at least four more weeks due to the payroll schedule.

**The reason for canceling my membership is (check all that apply):**

- Lack of time    
  Family restricted    
  Location of fitness center(s)    
  Not using  
 Relocating    
  Customer service concerns    
  Cleanliness/equipment maintenance concern  
 Other (please describe) \_\_\_\_\_

Please elaborate on any of the items you checked above. Your feedback will help us improve the Duke Fitness Club for other employees. \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Signature Required** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

