



## MEMBERSHIP CANCELLATION FORM

If you are the primary member, you may cancel your Health Club at Travis Place membership at any time by completing this written notice. **A 30-day notice of cancellation is required.** This form must be returned to Health Club at Travis Place, in person or by certified mail (1010 Travis, Suite 800, Houston, Texas 77002) with a return receipt request. Phone cancellations will not be accepted.

**To terminate a membership, the member must provide advance written notice to Health Club at Travis Place, according to their General Terms Agreement, but generally, by the end of the month in order for the termination to be effective on the last day of the following month.**

- All charges and membership dues incurred up to the cancellation effective date must be paid in full.
- All club membership access tags should be returned. **Failure to return a membership access tags will result in a \$10 charge per tag issued.** \_\_\_\_\_ {member initials}
- Any building access tag issued by Health Club at Travis Place, should be returned to the club. **Failure to return a building access tags will result in a \$15 charge per tag issued.** \_\_\_\_\_ {member initials}

By signing the form, I agree that I wish to cancel my membership with Health Club at Travis Place. I also understand that by cancelling my membership, I am giving up the right to reactivate my membership by paying a reactivation fee. If I return as a member, I am responsible for paying the applicable enrollment or activation fees.

\_\_\_\_\_  
Print Name & Member Number

\_\_\_\_\_  
Reason for Resigning

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Membership Type

\_\_\_\_\_  
If Couple or Family Member – list names of other members on membership who will be canceling

\_\_\_\_\_  
**Please print e-mail address to receive confirmation of cancellation form**

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*Staff Use Only*

\_\_\_\_\_  
Health Club at Travis Place Representative

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Last Day of Membership