

When you need to complete this form, you can either type into, then print and sign the document – or, you can print it, write in all the required details, and sign the form. Next, submit fax or bring this form to BODYWORKS. Keep a copy of the form once a BODYWORKS Staff Member has processed your request.

Date: _____

Member: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Request: Cancel Freeze

Reason: _____

We want you to be well informed and understand that:

- you can “freeze” your account for one month up to twice a year non-consecutively,
- if you decide to cancel, you must provide written notification via this form 10 days prior to the date the cost of your membership is drafted on your bank/credit card.
- memberships that are paid-in-full and membership commitments are non-refundable.

Member Signature: _____

Date: _____

H & F Staff Rep: _____

Date: _____

INTERNAL ACTIVITY FOR RECOVERY & RETENTION

H & F Staff Rep: _____

Date: _____

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