

901 Donald Ross Road  
Plaza LaMer  
Juno Beach, Florida 33408  
(561) 625-3011

THE INTELLIGENT CHOICE



## LETTER OF CANCELLATION 30 DAY NOTICE

Date: \_\_\_\_\_ Reason for Cancellation: \_\_\_\_\_

Member Name: \_\_\_\_\_ Last Payment Date: \_\_\_\_\_

Address: \_\_\_\_\_ Last Dues Amount: \_\_\_\_\_

\_\_\_\_\_ Pro-Ration Amount: \_\_\_\_\_

Phone #: \_\_\_\_\_ Total: \_\_\_\_\_

Please accept my "Letter of Cancellation". I understand that I have a membership agreement with Loggerhead Fitness and will abide by the terms and conditions set forth in the agreement. Cancellation is effective per that agreement. Any dues, additional charges or cancellation fees due on account will be paid in full before cancellation is in effect. All provisions of membership agreement remain in effect.

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

\_\_\_\_\_  
Authorized Loggerhead Fitness Agent

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## MEMBERSHIP FREEZE - REQUEST -

Freeze Fee Paid \$ \_\_\_\_\_  
\_\_\_\_ Cash \_\_\_\_\_ Visa / MC  
\_\_\_\_ Check \_\_\_\_\_ Discover  
\_\_\_\_ Amex \_\_\_\_\_ Bill EFT

Date: \_\_\_\_\_ Freeze Dates from: \_\_\_\_\_

Member Name: \_\_\_\_\_  
**Note: Length of freeze time to be added to membership expiration date.**

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**\*\* IMPORTANT \*\***

Seven (7) day advance notice is required in order to accurately apply billing changes to your account.

Please accept my "Membership Freeze Request ". I understand that I have a membership agreement with Loggerhead Fitness and will abide by the terms and conditions set forth in the agreement. This freeze is effective per that agreement. Monthly dues must be current. Any additional charges or fees due on account must be paid in full before the freeze is in effect. This request is valid for no less than 30 days to a maximum of 6 months.

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

\_\_\_\_\_  
Authorized Loggerhead Fitness Agent