

PLEASE SUBMIT THIS FORM TO
ALEXANDRIA@CAMBRIDGEATHLETIC.COM



CANCELLATION FORM

Date: _____

Member Name: _____

Phone Number: _____

Email Address: _____

Company: _____

I, _____, request that my membership with CAC be cancelled. I understand that, in accordance with my membership agreement, I must give a 7-day billing notice. Should my payment be in the following 7 days, that will be my last payment. I have use of the club for one month thereafter.

Reason for Cancellation: _____

Member Signature: _____

We're sorry to see you go!
Stay happy and healthy,
-The Team at CAC