

Notification to Cancel Membership

In accordance with Logan Medical Fitness Center Policies and Procedures, I am hereby giving my written notice of cancellation. I understand that membership and billing are not based on usage. Members are responsible for all monthly fees until Logan Medical Fitness Center receives written notice of your intent to cancel once the initial agreement period has been reached.

- **This notice must be received 3 business days prior to the first day of the month that the cancellation becomes effective after the membership agreement period ends.**
- **All balances must be paid in full prior to cancellation.**
- **I authorize Logan Medical Fitness Center to cancel my/ALL members on the membership account on the date listed below.**
- **I understand that Logan Medical Fitness Center's freeze and leave options, (vacation, medical and occupational), and am declining to take advantage of them.**
- **I understand that if I wish to rejoin at a later date, I will have to pay a new registration fee and execute a new membership agreement.**

Effective Date of Cancellation (must be first of the month): _____

Member Name: _____ Member#: _____

Yes, please email me to confirm receipt if not submitted in person.

Email: _____

Yes, please cancel ALL members on the account.

No, I wish only to DROP the following individual(s): _____

Signed: _____ Date: _____

Please note:

If you change your mind, we will waive your registration fee if you decide to re-join within 30 days.

For more information, please contact the Member Services Office.

Phone: 751-4107 Fax: 751-6983 Email: fitnessinfo@logan.org
205 Sunnyview Lane Kalispell, MT 59901
(406) 752-4100

ACCOUNT CHANGE REQUEST: Received by: _____	Date: _____
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Membership Cancellation Survey

Reason(s) for cancellation: Ok to circle more than one response if appropriate.

1. Moving out of area
2. Financial
3. Medical
4. Expectations not met:
 - a. Not pleased with facility
 - b. Not pleased with equipment
 - c. Not pleased with staff
 - d. Not pleased with programs/classes
5. Not using the facility - please circle reason(s) below:
 - a. Not meeting my fitness goals, explain: _____
 - b. Hours of operation do not work with my schedule
 - c. Programming does not meet my needs, explain: _____
 - d. Too busy
 - e. Lack of motivation
 - f. Other: _____
6. Joining another fitness facility.

Please circle the appropriate number on a scale of 1 to 5 (1 = poor, 5 = excellent)

Quality of equipment:	1	2	3	4	5
Cleanliness of facility:	1	2	3	4	5

Logan Health Medical Fitness staff is:

Friendly:	1	2	3	4	5
Professional:	1	2	3	4	5
Knowledgeable:	1	2	3	4	5

What did you like most about Logan Health Medical Fitness Center?

What did you like least about Logan Health Medical Fitness Center?

Other suggestions that will help us improve our services:

Thank you for your input on this survey!
We wish you the best of luck meeting all of your future health and fitness goals.