Membership Cancellation Questionnaire

Date: _____ Name: _____ Fob #: _____

How often did you use the facilities?

___Once a month ___Once a week ___2–3 times a week ___4+ times a week

On a scale from 1–5 (5 being the highest), how do you rank your overall Anytime Fitness experience? ___
Reason for rating? _____

What were your desired fitness, health and/or nutritional goals?

_____

Did you meet those goals? Yes | No How would meeting these goals have impacted your life as it is today?

_____

Which of the following services did you use? (circle all that apply)

Fitness Consultation Personal Training Bootcamp Tanning Anytime Health

Classes (both virtual and/or live) which ones? _____
Other, explain: _____

What is the main reason for canceling your membership? (Medical, Relocation, Non-usage, Financial, other?)

_____

Did you find your gym clean? Yes | No
Did you find a wide range of equipment? Yes | No
Did the staff provide a good customer experience? Yes | No
Did you find staff knowledgable? Yes | No

Do you have any suggestions or comments to help improve Anytime Fitness (e.g. equipment options, general design, service, etc.)?

_____

Additional notes:

I hereby certify that I wish to cancel my membership with Anytime Fitness. I understand that my account must be in good standing in order to complete this request. I understand that I am responsible for any billing that will occur within the next 30 days. I will commit myself to maintain a healthy lifestyle. I have also been provided a copy of this document for my records.

Print Name: _____

Signature: _____

(Internal Use Only)

Cancel Date: _____ Payment balance (30 days after cancel date): _____ Membership end date: _____

Anytime Fitness Rep: _____