



Membership Change Form

Date of request: _____

Client Name: _____

Current membership (type, sessions, price, etc.): _____

Client Request:

Cancellation: _____ Cancellation Date: _____

Suspension: _____ Length of Suspension: _____ Start Date: _____

Change of Membership: _____ Change Date: _____

Reason/Requested Change: _____

I, _____, understand that by requesting this change I am forfeiting any discounts or deals that my current membership was purchased under. I also understand that if I am choosing to cancel my membership prior to the length of time agreed upon in the membership agreement I am subject to a \$100 dollar administrative fee if applicable paid to FastFit by check or credit card on the day of cancellation request.

Client Signature: _____

Date: _____

FastFit Representative: _____

Date: _____