ALIGNMENT PERFORMANCE TRAINING

Amalali0222@gmail.com | 559-723-6714

Membership Cancellation Form

To cancel your APT membership, complete and sign this form. Email it to Amalali0222@gmail.com or return it to Amal or APT staff. Keep a copy for your records.

Member information

Member full name: _____

Parent or guardian name (if member is a minor): _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Email: _____

Driver's license number: _____ Issuing state: _____

Membership or program: _____

Date submitted: _____ Requested cancellation date: _____

Feedback optional

Reason for cancellation or anything you would like us to know:

_____

30 day notice and final billing

I request cancellation of the membership listed above. I understand that APT requires 30 days of notice from the date APT receives this completed form.

I understand that I will receive one final monthly membership charge on my next scheduled billing date after submitting this form. My membership remains available through the end of that paid period. No further recurring membership charges will be made after the final payment.

Member or parent/guardian signature: _____ Date: _____

APT staff use

Received by: _____ Date received: _____

Membership end date: _____ Recurring billing stopped on: _____

Final monthly charge: $_____ Billing date: _____

Confirmation sent on: _____ By: _____