

**PAP Cancellation Form for Key Account Partner
Members**

Please complete this form if you wish to **cancel** your existing
GoodLife Membership for transfer to your company Key
Account Program

Member Information (please print):

Company Name: Engineer Wellness

Name of Employee: _____

GL Membership #: _____ Contact #: _____

Rate currently being deducted: _____

Last Bi-weekly payment date _____

If you have other family memberships being deducted from the same
bank account please complete the information below:

Name: _____ Membership # _____

Name: _____ Membership # _____

Name: _____ Membership # _____

Name: _____ Membership # _____

Please check this box if the family members listed above are **NOT**
transferring onto the Key Account Program and membership fees are to
continue being deducted from the current banking information. Rates are
subject to change

Signature _____ Date _____

For information regarding your new payment amount or last payment date,
please contact Member Experience at 1-800-387-2524.

GoodLife
FITNESS

The good life. Made easy.