

**MEMBERSHIP
CANCELLATION FORM**

Employee Name	Employee Number	Company

MEMBERSHIP CANCELLATION REQUEST

By signing below, I hereby request to cancel my membership to the ATSG Employee Fitness Center, effective as of the next applicable pay period. I acknowledge that, depending on the timing of this request in the current pay cycle, I may be charged a membership fee in my upcoming paycheck.

Employee Signature

Date

Once you have reviewed and signed this Membership Cancellation Request, **please turn it in to Vicki Ertel**, Executive Assistant at ATSG, (i) by email at vicki.ertel@atsginc.com; (ii) by internal mail to her attention in building 2061-F; or (iii) in person by dropping them off in the basket on her desk on the second floor of the Administration building.

We want to continue to improve our Fitness Center. Please let us know the reason for your cancellation:
