

**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 Holly Ibaugh**, Executive Assistant at ATSG, (i) by email at [holly.ibaugh@atsginc.com](mailto:holly.ibaugh@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:

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