



## CANCELLATION OF MEMBERSHIP DUE TO SUBSTANTIAL PHYSICAL DISABILITY

Columbiana Point  
800 Columbiana Drive  
Irmo, SC 29603

Forest Acres  
4502 Forest Drive  
Forest Acres, SC 29206

Lexington  
619 N. Lake Drive  
Lexington, SC 29072

Northeast  
9942 Two Notch Road  
Columbia, SC 29223

### FORM TO BE FILLED OUT AND SIGNED BY PHYSICIAN

MAIL TO: **Gold's Gym Columbia**  
**800 Columbiana Drive, Suite 201**  
**Irmo, SC 29063**

Date: \_\_\_\_\_

By signing this form, I am verifying that \_\_\_\_\_ has a **substantial**  
(member's name)  
**physical disability** that makes it permanently impossible for him/her to use any of  
Gold's Gym's services.

Doctor's Signature: \_\_\_\_\_

Doctor's License #: \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_