



MEMBERSHIP CANCELLATION FORM

I, _____ (name), wish to cancel my
_____ (type of membership) membership at JANE DO.

This is my 30-day notice of cancellation, dated _____ (date).

I understand that my final payment of \$_____ (price), will be drawn on
_____ (date).

After the final payment, I will be allowed to continue with the full benefits of my membership
until _____ (date).

Reason for cancellation: Illness Injury Moving Breaking Contract Other:

I understand that if I should choose to rejoin as a member at a later date, I may be subject to a
joining fee, as well as any increase in price that may have occurred during my absence.

Printed Name: _____

Signature: _____

Date: _____

Studio Manager Signature: _____