



MEMBERSHIP CANCELLATION FORM

Completed Membership Cancellation Form must be received in the EFFEX 180 studio by the 15th of the month to expire at the end of the same month and to cancel pre-authorized payments beginning 1st of the next month.

Member Name _____ ID# _____

Membership Type _____

Notice is hereby given to EFFEX 180 Inc to terminate my membership effective _____, 20____
(Final date of studio Service)

I understand that by completing and signing this form I am requesting that any pre-authorized payment debits be subsequently cancelled in accordance to the cancellation policy. I further understand that should I wish to reactivate my membership I will be welcomed back as a new member to EFFEX 180 studio.

Reason for Cancellation
 Sickness/injury Moving Working out elsewhere Dissatisfied with service (specify) Other (specify)

Member Signature _____ Date _____

| FOR OFFICE USE ONLY | |
|---|--|
| Eligible to cancel without penalty | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The last payment to EFFEX 180 Inc. is _____, 20____ | |
| Approved and member confirmation sent | Date _____ |
| Internal processing completed by | Date _____ |

