



# Anna Jean's Massage LLC

509-599-9124 | Info@AnnaJeansMassage.com

## MEMBERSHIP CANCELLATION FORM

Member Name:		Today's Date:	
Membership Type:		Membership Rate:	
Please Explain Reason for Cancellation:			
<p>I understand that to cancel my Membership Agreement Form, I must complete and deliver this official form to the studio at least thirty (30) days prior to the next scheduled withdrawal date, else the next scheduled withdrawal may still be processed.</p> <p>I understand that by signing below and cancelling my membership, I have sixty (60) days from the date of my final scheduled withdrawal to use any and all sessions accrued on my account, or they will be forfeited.</p>			
Member Signature:			Date:
Next Scheduled Withdrawal Date:	Membership End Date:	Last Day to Use Sessions:	Client Initials:

Name of Studio Operator: Anna Jean's Massage, LLC ("Operator")

Studio Address: 5511 N Post St Spokane, WA 99205 ("Studio")

### STUDIO USE ONLY

Received By:	Date:
Date Processed in SQ:	Initials:
Client Follow Up Note:	Initials: