



WELLNESS PROGRAM CANCELLATION FORM

Member Name		Today's Date	
Associate Member Name (if applicable)		Membership Rate	
Please Explain Reason for Cancellation:			
<p>I understand that to cancel my Elements Wellness Program™ membership, 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: _____ (“Operator”)

Studio Address: _____ (“Studio”)

The Studio identified above is independently owned and operated by the Operator. Neither Elements Therapeutic Massage, LLC (ETM) nor any of its parents, subsidiaries, or affiliates, is the owner or operator of the Studio, nor are contractually or otherwise liable to you, the Member identified in this agreement.

STUDIO USE ONLY

Received by	Date
Date Processed in MB	Initials
Client Followup Notes:	Initials