

MEMBERSHIP AGREEMENT CANCELLATION REQUEST FORM

In order to request cancellation of the Membership Agreement during the Initial Term, a completed copy of this form must be submitted to Proactive at least 30 days prior to the requested cancellation date, along with one of the following:

- (a) written proof (e.g., copy of driver's license or utility bill) that Member has changed their permanent residence to a location more than 25 miles from Proactive;
- (b) a written statement from your medical physician verifying Member is unable to receive massage services due to health related reasons;
- (c) written proof (e.g., death certificate) of the death of Buyer or Member.

During the month-to-month term of this Agreement, a Member may cancel the Membership Agreement for any reason with 30 days' written notice. To request the cancellation of your Month-To-Month Membership Agreement, a completed copy of this form must be submitted to Proactive at least 30 days prior to the requested cancellation date.

Deliver the completed form to Proactive Massage + Bodywork, LLC at 9225 Atlee Road, Suite 5103, Mechanicsville, VA 223116.

I, _____ acknowledge, understand, and agree that;

- 1. Banked and unused services are non-refundable and have no cash value.
- 2. I have ninety (90) days from the date of cancellation to utilize any unused accrued (Banked) monthly service credits.
- 3. Upon expiration of the ninety (90) day period after cancellation, all accrued unused (Banked) service credits shall expire, and will no longer be available for use.

By signing this Cancellation Request Form, I acknowledge and agree to the above statements.

Member Name: _____

Member Signature

Date of Request

For Office Use Only	
_____ Date Request Received	_____ Official Cancellation Date
Staff Member Signature: _____	