

Membership Cancellation

Name: _____

Date: _____

Service: _____

Email: _____

Phone: _____

Address: _____

Reason for Cancellation

Dissatisfaction with:

Service/Product: _____

Customer Service: _____

Shipping: _____

Quality: _____

Financial Reasons: _____

Medical Reasons: _____

Relocation: _____

Other: _____

Signature

Date