

ROUND ROCK HEALTH & WELLNESS MEMBERSHIP SUSPENSION FORM

Date: _____

(Member must return cancellation form before the 1st of the month to prevent billing for the next month.)

Member Name: _____

What type of membership are you suspending today?

Massage Acupuncture

What is your reason for suspending?

Vacation Financial Catch up on missed months

Other _____

Date range to suspend membership (up to 3 months)

From ___/___/___ to ___/___/___

After that please

Resume billing on ___/___/___ Cancel my automatic billing

Do you have any personal comments to help us improve our service?

Please retain this form as proof of suspension.

Member Signature X _____

For Office Use Only:

Staff Name: _____

Date Received: _____