

**ROUND ROCK HEALTH & WELLNESS
MEMBERSHIP CANCELLATION 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 canceling today?

_____Massage _____Acupuncture

How long were you a member? _____

What is your reason for canceling?

___Chiropractic

___Not coming regularly

___Moving

___Other _____

___Financial

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

I understand that when I cancel my membership all unused credits will be lost. I understand that by canceling my membership I will no longer have access to member pricing.

Please retain a copy of this cancellation document as proof of cancellation.

X _____

Member Signature

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¹ For Office Use Only:

Staff Name: _____

Date Received: _____