

## MEMBERSHIP CANCELLATION REQUEST FORM

Note: All cancellation requests must be reviewed and approved by a clinic manager before becoming effective.

## **Massage Envy Cancellation Policy:**

A member **may cancel** their membership any time after their initial term by giving a 30-day written notice as outlined in their Wellness Membership Agreement. As stated in the Wellness Membership Agreement, members **may not cancel their membership** during their initial term *unless* one of the following has occurred and written proof has been submitted: 1.The member permanently relocates their residence more than 25 miles away from his/her original residence and such location also puts him/her more than 25 miles away from any Massage Envy or Massage Envy Spa; or 2. A physician certifies that the member is unable to receive clinic services.

SECTION 1: TO BE COMPLETED BY MEMBER		
Today's Date: 1 0 / 1 7 / 2 0 1 5 Member N	ame:Cole W	eslee Chamberlain
Phone: 9 4 9 - 4 6 6 - 0 2 8 0 (C/W/H) Er	mail: cole.ch	amberlain@qmail.com
(6) (7) (7)		<u> </u>
Please take a moment to let us know how we've been doing in the following areas:		
	Poor Fair G	iood Great
Quality of massage	,	<b>M</b> -
Customer service from front desk staff		
Availability of convenient appointment times		
Cleanliness and atmosphere of clinic  Overall experience with Massage Envy		
Overall experience with Massage Envy  Massage Envy Franchising, LLC and it's I	rvine Northpark Plazz	franchisee use aggressive decentive
and unethical sales and retention techni	ques. I am filing a P	BBB complaint and will be pursuing legal
counsel if my account is not immediately Reason for Cancellation: My BBB complaints can be found publicly	terminated on the data http://bit.lv/1KhkYO	ate this is received.
SECTION 2: TO BE COMPLETED BY CLINIC		
Member Since: //		
Member 3mee		
☐ I have spoken with member and discussed cancellation	n options (freezin	ng) and procedures
	ii options (ii ccziii	ig, and procedures
Cancellation during auto-renewal		
Cancellation during initial Wellness Membership Agreement term		
Relocation: New address is <u>not</u> within 25 miles of Massage Envy or Massage Envy Spa. <i>Proof of address change &amp; a copy of</i>		
the Massage Envy Web page with zip code search showing no clinic in new zip code are attached.		
Medical: Physician's note certifying that individual is unable to receive clinic services.		
Franchisee/Manager approval of cancellation during initial term		
ENTER & VERIFY IN MILLENNIUM: Membership Cancellation Request Date:		
Final FET Datas		
Final EFT Date:	6	
Membership Termination Date: Number	er of membership	massages remaining:
Membership Massage(s) Expiration Date:	(Massages expire	e at 12:01AM on the expiration date listed)
SECTION 3: SIGNATURES		
$I_{i,j}$ Cole Chamberlain, acknowledge that the cancellation procedures and dates have been explained to me, and $I_{i,j}$		
understand that my account will be terminated immediately OR I will seek legal claims against Massage Envy Franchising, LLC and it's Irvine		
Northpark Plaza franchisee. I will either be granted full access to my unused membership massages on a non-expiring basis along with the ability to		
aift them to a quest OR they will be reimbursed in full OR I will uphold my filing w		expring basis along with the ability to
		17/2015
Member Signature: 4		
Franchisee/Manager Signature Approving Cancellation:		
Name of person who cancelled membership in Millennium:		Date Cancelled:
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Give a signed copy of this form to the Member and place the original in the Member's file.