

decaturyoga

Membership Cancellation Form

Name: _____

Date: _____

I am submitting this request at least 15 days before my next billing cycle.

I wish to cancel my auto-renew effective: (check one)

On date of my next scheduled charge: _____

On this future date: _____

Reason for cancellation: _____

Student Signature: _____ Date: _____

Employee Signature: _____ Date: _____

It was wonderful having you as a student at DYP! Namaste.

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