

Monthly Membership Cancellation



Name _____ Activation Date _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ Today's Date _____

Pick2 Membership Termination

I understand I am required to provide a 7-day notice of cancellation prior to the first of the month in which I wish my membership to be discontinued. Please consider this my written notice of intent to terminate my membership effective _____.

I understand my membership, which activated on _____, is a 12-month term contract, and a cancellation fee of \$129 will be applied if I choose to terminate this contract prior to the term of 12 months.

I understand my Aveda Pure Privilege membership will remain active pursuant to the terms and conditions of Aveda Pure Privilege, and my Friend Pass, if not already used, will remain valid as long as my account is terminated in good standing and all financial commitments have been satisfied.

The reason for my membership termination is (check all that applies):

_____ Budget Constraints

_____ Can't Find Time to Use It

_____ Relocation Out of Town

_____ Service Offering, Personnel, or Facility Does Not Meet My Needs or Expectations. Please explain below:

_____ Other Reason. Please explain: _____

Comments and Notes: _____

Member Signature _____ Date _____

Witness _____ Date _____

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