Termination Request Form (Updated Dec 2019)

Please complete this form in its entirety (Pages 1 and 2) and email it to membership@shantihotyoga.com, bring the form in person, or mail it via certified mail with delivery confirmation to Shanti Hot Yoga 8770 Washington Blvd Ste. A, Culver City, CA 90232.

Your form is considered received on your date stamped email, physical mail receipt date, or in person when staff acknowledged date of receipt as signed upon receiving.

Memberships require 10 days notice before your next billing cycle to take effect. If you have given less than 10 days notice, you will be charged on your upcoming monthly auto pay and your cancellation will take effect the following billing cycle.

Member's Name: _____

Member's Email Address: _____

Member's Phone Number: (   )   _____ - _____

Date requested for termination (must be no sooner than 10 days AFTER the date of submitting this signed form):   /   / 20

Reason for termination: _____

Did you know you can suspend your membership instead at no fee and keep your special rate as membership dues are increasing for new members? _____ Yes _____ No

Would you like to suspend instead and maintain your grandfathered in rate? _____Yes _____No

If yes, for how long?:   _____ (14 days) _____ (30 days) _____ (40 days) _____ (60 days)

Method of contact: _____(in person)_____ (by phone)_____ (by email)

X_____   Member's Initials (Page 1) Please continue to the next page (Turnover) to sign . . .

SHANTI
HOT YOGA

If there is any way we can improve your experience with us and/or continue to support your yoga journey, please let us know. ☺ Your feedback supports our evolution.

_____

_____

_____

By signing below, member acknowledges membership Termination will go into effect 10 days from the date this fully completed form is received, unless a later date is specified above. Member will be able to enjoy the benefits of membership through the end of the current billing cycle as well as the next billing cycle if the next billing is within 10 days of today.

Member's Signature: X _____   **Today's Date: /   / 20**

Internal Use Only

Signature of receiving staff and date (Required if submitted in person)

Print Name: _____ Sign: _____ Date: /   / 20