

YogiS Membership Cancellation Form

All areas must be completely filled out.

First Name: _____

Last Name: _____

E-Mail: _____

Reason for Cancelling:

Agreement:

I understand by submitting this form to cancel my current membership, if my billing date is less than 30 days from the submission date, then I will be charged one final month. I understand that with the cancellation, I may lose my current membership rate.

Signature: _____ Date: _____

This cancellation form must be completed and emailed to yogislifeyoga@gmail.com.
The emailed date will be the submitted date.