



Bria Pilates and Wellness Studio

Group Equipment Membership Cancellation Form

*All fields must be filled in order for us to cancel your membership.

THIS FORM MUST BE GIVEN TO FRONT DESK RECEPTION STAFF ONE WEEK PRIOR TO AUTO-RENEWAL AS STATED IN MEMBERSHIP CONTRACT. IF LESS THAN ONE WEEK NOTICE OF CANCELLATION IS GIVEN, CANCELLATION WILL TAKE EFFECT THE FOLLOWING MONTH.

I, (PRINT NAME) _____ would like to:

Suspend my membership for _____ month(s), from _____ to _____,
to restart on _____.

By requesting a suspension, I authorize Bria to resume my membership on the above date, and understand I will not be notified in advance of resuming automatic payments.

Cancel my membership.

Membership Start Date: _____

Date Membership Expires: _____

Reason for cancellation: _____

I acknowledge that I have been given a copy of this form.

Member Signature _____ Date _____