MVP MEMBERSHIP PLAN CANCELLATION FORM

All memberships are subject to an initial **12-month** commitment period ("Initial Term").

Cancellation After the Initial Term:
Once the Initial Term is completed, membership will continue on a month-to-month basis. A **30-day** written notice is required to cancel without penalty.

Cancellation During the Initial Term:
If the membership is canceled **before** completing the 12-month Initial Term**, an** early termination fee of **$300.00** may be assessed. This fee will be charged to the card on file. If that card is inactive, the fee may be processed using any other payment method on record, including any available banked funds or in-house credits.

APPLICANT INFORMATION:

Full Name: _____ Date of Birth: _____ /_____ /_____

Address: _____ City, State, ZIP Code: _____

Phone Number: _____ Email Address: _____

CANCELLATION DETAILS:

Reason for Cancellation: (Please check one)

- [ ] Personal reasons
- [ ] Financial reasons
- [ ] Service dissatisfaction
- [ ] Moving to a new location
- [ ] Other: _____

Member Agreement: I, the undersigned, confirm that I wish to cancel my MVP Membership with Wisconsin Vein Center and Medispa effective 30 days from today's date. I acknowledge that any applicable cancellation fees or refund policies will be applied as per the terms and conditions of my MVP Membership Plan Terms and Agreement.

Signature: _____ Date: _____

Accepted:

WISCONSIN VEIN CENTER AND MEDISPA, S.C.

BY:_____Date: _____

Effective Cancellation Date (office use): _____