



Membership Cancellation Request Form

Please note that memberships may not be cancelled during the initial 6-month term in accordance with the Membership Agreement and require 30 days advance written notice.

Client Information:

Member Name: _____

Member Service Address: _____

Member Email Address: _____

Cancellation Information:

Effective Date of Cancellation: _____

Reason for Cancellation: _____

Cancellation Statement:

I request to cancel my Me In Order Membership on the date specified above, in accordance with the terms of the Membership Agreement.

I understand that I will receive an email from Me In Order confirming my cancellation, and that my cancellation request is not complete until I receive said confirmation email.

Member Signature _____