

“BE Radiant and Relaxed” MEMBERSHIP ALTERATION FORM

1 APPLICANT:

Date: _____ Membership Type: _____

Name: _____ Email : _____

Phone (B/H): _____ (A/H): _____

2 SUSPENSION Will be taken from application date or future dates only:

I wish to suspend my Membership from _____ to _____
(Minimum suspension period is one month with a maximum total of four months in any 12 month period)

Reason for suspension: _____

Date: _____

3 MEMBERSHIP CHANGE:

From _____ to _____
(Membership Type) (Membership Type)

Change of address/phone no: _____

Change of name: (previous) _____ to _____

4 CHANGE OF BANK DETAILS:

Cheque/Savings Accounts

Account Name: _____

Bank Name: _____

BSB: ___ / ___ A/C: _____

Credit Card Type: Mastercard Visa

Name on Card: _____

Credit Card #: ___ / ___ / ___ / ___

Expiry: ___ / ___ CVN: ___

I request and authorize Be Well Holistic Therapies to debit my above bank account/ credit card on a monthly basis. Signature of Account/Card Holder: _____

5 TERMINATION OF DIRECT DEBIT:

I wish to cancel my “BE Radiant and Relaxed” Membership at Be Well Holistic Therapies. I understand that if notification of intent to cancel is received after the 21st day of the current month, the following month’s fees may be payable. Cancellation fees totaling the balance of full treatment costs may apply if membership is terminated prior to the minimum three month period of active membership.

Reason for Termination: _____

Member Signature: _____ Date: _____

Be Well Signature: _____ Date: _____