



The DOCTORS Center Wellness

feel better...live better

MEMBERSHIP CANCELLATION FORM

I, _____, Date of Birth _____,
would like to cancel my membership in The DOCTORS Center Wellness
program.

I am cancelling because

I understand that it will take **30 BUSINESS DAYS** from the time of receipt of this
cancellation letter by The DOCTORS Center Wellness for the auto drafting fees
to be terminated.

NAME:

SIGNATURE:

DATE:

_____/_____/_____

For office use only:

Date of Receipt: _____

Received By: _____