HEALING UNDER PRESSURE

# Membership Cancellation Policy & Request Form

**Healing Under Pressure** · Mobile Therapeutic Massage · Dallas, TX
Phone / Text: 469-430-8339 · Email: info@healingunderpressures.com
Website: healingunderpressures.com

## Part 1 · Membership Cancellation Policy

Thank you for being a member. We hope you'll stay, but if it's time to move on, here is exactly how cancellation works.

### 1. Three-month minimum

All memberships (The Maintenance Method, The Momentum Method, and The Mastery Method) have a minimum commitment of three (3) consecutive monthly billing cycles starting from your join date. Cancellation requests received before the third payment has been made will take effect after the third billing cycle is complete.

### 2. 14 days' notice, by email

After the three-month minimum, you may cancel at any time by giving at least fourteen (14) days' notice before your next billing date.

**All cancellation and pause requests must be sent by email to info@healingunderpressures.com.** This gives both of us a dated, written record. Requests made by text, phone, or in person are not considered received until they are confirmed by email. You may attach this completed form to your email, or simply include your full name, membership plan, and requested end or pause date in the message.

Notice given fewer than 14 days before a billing date will take effect after that billing cycle, and that month will be charged as normal. You will receive an email confirmation within two business days of your request.

### 3. Your effective cancellation date

Your membership stays active, with all perks, through the end of the last billing cycle you have paid for. No partial-month refunds are issued.

## 4. Unused sessions

Any sessions already paid for, including sessions that rolled over, remain available for thirty (30) days after your effective cancellation date. After 30 days, unused sessions expire and have no cash value.

## 5. Pausing instead of cancelling

Not sure you want to leave for good? You may pause your membership up to twice per calendar year for up to 30 days each time. A pause fee of 10% of your monthly membership applies:

| Plan | Monthly rate | Pause fee |
|---|---|---|
| The Maintenance Method | $105 | $10.50 |
| The Momentum Method | $240 | $24.00 |
| The Mastery Method | $270 | $27.00 |

Your banked sessions and perks are waiting when you return, and your original rate is protected. Pause requests should also be emailed to info@healingunderpressures.com with your preferred start date and pause length.

## 6. Rejoining

Former members are always welcome back. Memberships that are cancelled and later restarted begin a new three-month minimum at the rate in effect at the time of rejoining.

## 7. Medical or pregnancy-related cancellations

If you need to cancel because of a medical condition, injury, or pregnancy, let us know. The three-month minimum and 14-day notice may be waived at our discretion with a brief note from you. No documentation is required.

## 8. Questions

Reach out any time at 469-430-8339 or info@healingunderpressures.com. We’d rather talk it through than lose you.

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# Part 2 · Membership Cancellation Request Form

Please complete all fields, sign, and email a photo or scan to **info@healingunderpressures.com**. Use the subject line “Membership Cancellation Request” or “Membership Pause Request”.

## Member information

| | |
|---|---|
| Full name | _____ |
| Phone | _____ |
| Email | _____ |
| Membership plan | ☐ The Maintenance Method ($105/mo)<br>☐ The Momentum Method ($240/mo)<br>☐ The Mastery Method ($270/mo) |
| Membership start date | _____ / _____ / _____ |
| Next billing date | _____ / _____ / _____ |

## Request

☐ **Cancel my membership.** I understand my membership remains active through my last paid billing cycle and that any unused sessions expire 30 days after my effective cancellation date.

☐ **Pause my membership instead** for _____ days (up to 30). I understand a pause fee of 10% of my monthly rate applies.

☐ **Downgrade my membership** to: ☐ The Maintenance Method ☐ The Momentum Method

## Reason for leaving (optional, but it helps me improve)

☐ Moving out of the service area
☐ Budget
☐ Schedule / not using sessions enough
☐ Medical or pregnancy-related
☐ Switching to pay-per-session
☐ Other: _____

Anything else you'd like to share?

_____

_____

## Acknowledgment

By signing below, I confirm that I have read and understand the Membership Cancellation Policy above, including the three-month minimum, the 14-day notice requirement, and the 30-day window to use any remaining sessions.

| | |
|---|---|
| Member signature | _____ |
| Date | _____ / _____ / _____ |

## For Healing Under Pressure use only

| | |
|---|---|
| Date request received | _____ / _____ / _____ |
| Email received from | _____ |
| Three-month minimum met? | ☐ Yes ☐ No, minimum ends _____ / _____ / _____ |
| 14-day notice met for next billing? | ☐ Yes ☐ No, final charge on _____ / _____ / _____ |
| Effective cancellation date | _____ / _____ / _____ |
| Sessions remaining | _____ Expire on _____ / _____ / _____ |
| Square subscription cancelled | ☐ Yes, on _____ / _____ / _____ |
| Confirmation email sent to member | ☐ Yes, on _____ / _____ / _____ |
| Processed by | _____ |

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