

FULL CIRCLE MOVEMENT STUDIOS

200 - 44 Riverside Gate, Okotoks, AB
info@fullcirclemovementstudios.com



Membership Suspension Form

To: Full Circle Movement Studios (the “Studio”)

RE: Name of Member: _____

Effective Date of Membership Agreement: _____ (the “Agreement”)

Date of Delivery: _____

I hereby request the suspension of my membership in the Studio pursuant to the Agreement.

I would like my suspension to be effective from _____ to _____.

I understand that:

- My suspension requires 10 days notice and does not apply during the first 3 months of the Agreement.
- My notice is not effective until I deliver this form to info@fullcirclemovementstudios.com or by hand to the manager or owner of the Studio.
- My suspension period can be for 2-8 weeks, and I am entitled to 1 suspensions per year.
- My suspension period will begin the later of the suspension date I have provided and the date that is 10 days from the date of delivery of this form.
- My suspension period will continue for the lesser of the period that I have indicated or 8 weeks, after which my Fees (as defined in and pursuant to the Agreement) will resume.

Member Signature