



eVeinscreening.com, LLC
1500 Royal Palm Sq #105
Ft. Myers, FL 33919

Membership Cancellation Form

I, _____ (name), representing _____
(physician or practice name), have elected to cancel my **eVeinscreening.com Membership Agreement**. This letter serves as my 30 day notice of cancellation for my eVeinscreening.com Membership. Termination will be effective as of _____ (date), in accordance with the terms and provisions of the end-user license agreement I agreed.

Last Name	First Name
Address (Street)	(City, State, Zip Code)
Phone Number	Practice Website
Start Date of Membership (mm/dd/yyyy)	Requested Date to Cancel (mm/dd/yyyy)

Reason for cancellation (please check one and explain):

- Lack of marketing budget

Please explain: _____

- No return on investment

Please explain: _____

- Difficulties with technology

Please explain: _____

- Other

Please explain: _____