DALLYON INC.
9410 Prototype Drive, Suite #18
Reno, NV 89521
(775) 853-6611

THIS BOX IS FOR OFFICE USE ONLY

Member #: | | | | | | | | | | Date: | | | | | | |

MEMBERSHIP CANCELLATION REQUEST FORM

EXIT INTERVIEW *Complete ALL sections, sign and mail (PLEASE PRINT CLEARLY)*

1.) Date that you became a Dallyon Member: _____

2.) Level (Belt Rank or Fitness Level) that you have earned and received: _____

3.) What was your original reason for becoming a Dallyon Martial Artist or Spedan Fitness member?

_____

_____

4.) What has brought you to the decision to cancel your Dallyon Account at this time?

_____

_____

5.) On a scale from 1 to 10 (10 as the greatest number). How involved were you on a weekly basis? _____

6.) If you could change Dallyon or Spedan to make it work perfectly for you, What would you change...and how would you improve it? (use additional paper if necessary)

_____

_____

Complete ALL sections, sign and mail (PLEASE PRINT CLEARLY)

First Name: | | | | | | | | | | | | | |

Last Name: | | | | | | | | | | | | | |

Birth Date: | | | | | | |

Home Phone: | | | | | | | | | | |

Work Phone: | | | | | | | | | | |

E-mail Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Current mailing address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

City: | | | | | | | | |

State: | | **Zip:** | | | | | |

I understand and agree that once my Dallyon Center membership has been canceled, I must immediately withdrawal from the studio of instruction. Any and all Dallyon Center or Martial Arts & Fitness materials, curriculum, and instructional advise will no longer be legally permitted for use. All Dallyon Center intellectual Property and unauthorized / unlicensed use will result in legal action.

As stated on our membership agreement as well as our user terms, **Dallyon Inc. has a 30 day cancellation policy. In order to start the process, please mail this cancellation request to 9410 Prototype Drive #18, Reno, Nevada 89521. Your account will be canceled 30 days after receipt of this form. Any payments due within the 30 day cancellation period are non refundable.** For any further billing related questions please contact the billing company: ASF International / 640 Plaza Drive, Suite 300, Highlands Ranch, CO 80129 / 303-986-9563 / 800-525-8967 / Fax 303-980-8006 / www.myasfaccount.com

Please note that any memberships that are still in contract will not be canceled until after the final payment has been received and/or any delinquent payments must be paid in full to complete the cancellation process.

_____ _____ _____

Signature **Date** **Print Name**

This MUST Be Signed and Dated in order to process cancelation

It has been our experience that when clients cancel their membership and unplug the Dallyon Center Development System and influence from themselves and children, their can be a negative affect because it is “taking away’ a very important benefit from their family.

Do you understand this and acknowledge that you’ve been made aware of this fact?

_____ _____ _____

Signature **Date** **Print Name**

This MUST Be Signed and Dated in order to process cancelation