

MEMBERSHIP CANCELLATION / TRANSFER REQUEST

FIRST NAME: _____ SURNAME: _____

CONTACT NUMBER: _____ CUSTOMER ID: _____

EMAIL (compulsory): _____

Request to **transfer** membership (go to section **A**) Request to **cancel** membership (go to section **B**)

SECTION A

I wish to transfer my current membership to:

FULL NAME: _____

CONTACT NUMBER: _____ CUSTOMER ID (if existing): _____

A Transfer fee of \$50 is required to be paid prior to transfer approval. Please attach receipt to this request. The transferee must agree and sign a membership agreement for the remaining term of the contract.

SECTION B

I wish to cancel my membership for the following reason:

- Medical
- Not using facility
- Employment relocation
- Residential relocation
- Fitness Passport
- Financial
- Unsatisfied (Please comment)
- Other: _____

COMMENTS: _____

TERMS & CONDITIONS

- All membership cancellation requests require 30 days' written notice.
- The Membership must be active to qualify for cancellation.
- Any scheduled monthly debits that fall within the 30 days are required to be paid.
- Please refer to the membership terms and conditions for cancellation inside the minimum term agreement.
- Should you be eligible for a refund under your agreement a \$50 administration fee will apply.
- Your membership will not be cancelled until you receive written confirmation of the cancellation.

MEMBER SIGNATURE: _____ DATE: _____

RECEIVED BY (Staff Name): _____ DATE: _____

Sydney Olympic Park Aquatic Centre will respond to cancellation requests within 7 days of its receipt.

OFFICE USE ONLY			
Management Approval Required:	YES / NO	Date processed:	
Final payment (direct debit):		Last day of entry:	
Date/Type approval notification:		Staff name:	