| IVIEIVIDERSHIP CANCELLATION | I / IKANSFER REC | (UES I | |
|--|--------------------------|------------------------------|----------------------------|
| CUSTOMER ID NO: | | | |
| FULL NAME: | | | |
| CONTACT NUMBER: | | | |
| EMAIL: | | | |
| ☐ Request to transfer membership | (go to section A) | ☐ Request to cancel mer | mbership (go to section B) |
| SECTION A | | | |
| I wish to transfer my current members | ship to: | | |
| FULL NAME: | | | |
| CONTACT NUMBER: | | | |
| Transfer fee of \$50 is required to be p The transferee must agree and sign a | | • | • |
| SECTION B | | | |
| I wish to cancel my membership for th | ne following reason: | | |
| □ Not using facility □ Unsatisfied (Please comment) □ Employment relocation □ Residential relocation □ Other COMMENTS: | | | |
| All membership cancellation requ Membership must be active to qu Any scheduled monthly debits the | ualify for cancellation. | ys are required to be paid. | |
| Please refer to the membership t | erms and conditions fo | or cancellation inside the m | ninimum term agreement. |
| Should you be eligible for a refun | d under your agreeme | nt a \$50 administration fee | e will apply. |
| MEMBER SIGNATURE: | | DATE: | |
| RECEIVED BY (Staff Name): | | DATE: | |
| This is a cancellation request. Sydney Olympic membership will not be cancelled until you reco | | | |
| OFFICE USE ONLY Management Approval Required: | YES/NO | Date processed: | |
| Final payment (direct debit): | TES/INU | Last day of entry: | |
| Date/Type approval potification: | | Staff name: | |

HEALTH CLUB MEMBER EXIT FORM

| MEMBER NAME: | | CUSTO | MER ID: | | | |
|--|----------------|---------------|-----------|------|------------|------|
| Member Exit Survey: | | | | | | |
| | | | EXCELLENT | GOOD | AVERAGE | POOR |
| Cleanliness of Facility | 4 | 3 | 2 | 1 | | |
| Friendliness/helpfulness of | 4 | 3 | 2 | 1 | | |
| Friendliness/helpfulness of | 4 | 3 | 2 | 1 | | |
| Friendliness/helpfulness of | 4 | 3 | 2 | 1 | | |
| Quality of Health Club prog | 4 | 3 | 2 | 1 | | |
| Membership value for mor | 4 | 3 | 2 | 1 | | |
| While using the facility, did you feel well informed on how to reach your fitness goals? | | | | | | No |
| Would you refer the Sydney Olympic Park Aquatic Centre Health club to others? | | | | | | No |
| Would you consider re-joining the Health Club in the future? | | | | | Yes | No |
| | | | | | | |
| OFFICE USE ONLY | | | | | | |
| Survey Evaluated: | YES / NO | Evaluated By: | | Date | :: | |
| RFID Wristband Returned: | YES / NO | Received By: | | Date | : : | |
| Removed from SMS List: | YES / NO | Removed By: | | Date | :: | |
| Visit passes removed: | YES / NO | Details: | | | | |
| Archived By: | | Date: | | | | |
| Additional Notes (i.e. conta | et attompte). | | | | | |
| Additional Notes (i.e. conta | ict attempts): | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |