

## MEMBERSHIP CANCELLATION / TRANSFER REQUEST

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

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 \$52 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
- ☐ Cooling-off period
- ☐ Other: \_\_\_\_\_
- ☐ Unsatisfied (Please comment)

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 \$52 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:	

## HEALTH CLUB MEMBER EXIT FORM

MEMBER NAME: \_\_\_\_\_ CUSTOMER ID: \_\_\_\_\_

Member Exit Survey:

	EXCELLENT	GOOD	AVERAGE	POOR
Cleanliness of Facility	4	3	2	1
Friendliness/helpfulness of Service Desk staff	4	3	2	1
Friendliness/helpfulness of Member Services staff	4	3	2	1
Friendliness/helpfulness of Health Club staff	4	3	2	1
Quality of Health Club programs offered	4	3	2	1
Membership value for money	4	3	2	1
While using the facility, did you feel well informed on how to reach your fitness goals?			Yes	No
Would you refer the Sydney Olympic Park Aquatic Centre Health club to others?			Yes	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. contact attempts):

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