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
☐ Joining another place
☐ Other: _____
☐ Unsatisfied (Please comment): _____

_____

_____

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:	

MEMBERSHIP EXIT QUESTIONNAIRE

MEMBER NAME: _____ CUSTOMER ID: _____

Thank you for taking the time to **tick** your answer to the following questions.

How would you rate the:		POOR				GREAT
Facilities cleanliness		1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Friendliness/helpfulness of Service Desk staff		1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Friendliness/helpfulness of Member Services staff		1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Friendliness/helpfulness of Health Club staff		1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Quality of Fitness Assessment/Program offered	☐ Did not need	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Membership Value for Money		1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Did you feel well informed while using the facilities and services? 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 ☐

Additional Comments:

Thank you for your feedback. We hope you have enjoyed your time as a health club member at the Sydney Olympic Park Aquatic Centre and wish you the best for the future.

OFFICE USE ONLY					
Exit Questionnaire completed	YES / NO	Recorded in Stat Report			YES / NO
RFID Band returned	YES / NO	Visit Pass Expired			YES / NO
Removed from SMS list	YES / NO	Staff		Date	/ /