

# CANCELLATION REQUEST

Membership  
number: \_\_\_\_\_

## 1. Member/Responsible Person Details:

First Name  Last Name   
Date of Birth  Mobile

## 2. What would you like to cancel?

Membership  Other  Swimming Lessons (list students below)

List Linked Members (Mates Rates)  Student 1   
Linked Member 1  Student 2   
Linked Member 2  Student 3

**Cancellation may impact linked members on your account** Cancellation applies to all students listed

## 3. Are you a 24/7 Access Member?

(If available at your Centre)  No  Yes (please return your 24/7 FOB)

## 4. What is the primary reason for cancelling your membership?

Change of employment  Holiday/extended absence  Medical  Moving out of area  
 Price  No time  Not using facility enough  **Other**  
(specify in Q.5)

## 5. How could we have made your experience better? Any further feedback?

I wish to cancel my membership or swimming lesson enrolment and acknowledge that one last direct debit will be charged upon receipt of this cancellation form based on the date accepted/signed by a staff member.

Member's / Responsible Person's Signature  Date

## Completed by Staff:

Last direct debit date  Last day of membership   
Staff Name  Date   
Staff notes

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