

HEALTH AND FITNESS

MEMBERSHIP CANCELLATION REQUEST

PERSONAL/PARENT/GUARDIAN DETAILS - Complete all details in block letters

Surname										First name									
Membership number (if applicable)										Date of birth day / mo / year									
Address										Suburb					Postcode				
Email																			
Phone										Mobile									

CANCELLATION DETAILS

<input type="checkbox"/> Gym membership End date day / mo / year	Type _____	Minimum Term _____	<input type="checkbox"/> Personal Training End date day / mo / year
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FEEDBACK - The information you provide will be useful to improve our services

What is the common reason(s) for cancelling?
 Location Price Cleanliness Staff Crèche Moved away Bad experience Change in financial circumstances
 Other: _____

Please indicate any of the following specific reason that applies to the service provided to you.

<p>Gym membership</p> <input type="checkbox"/> Joined another gym <input type="checkbox"/> No time <input type="checkbox"/> Unable to establish routine <input type="checkbox"/> Group Fitness timetable <input type="checkbox"/> Equipment <input type="checkbox"/> Other: _____	<p>Personal training</p> <input type="checkbox"/> Personal trainer <input type="checkbox"/> Did not meet expectations <input type="checkbox"/> Reached my goals <input type="checkbox"/> Injury <input type="checkbox"/> Unmotivated
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If there was one thing that would have kept you with us, what is it?

Would you like to speak with a supervisor regarding your cancellation? Yes No

Additional comments

ACKNOWLEDGEMENT

By signing I acknowledge that this is my request to cancel my Membership and VenuesWest will confirm acceptance of the cancellation request.

Signature(s) _____ Date day / mo / year

OFFICE USE ONLY

Received by	Date received	day / mo / year	Supporting document	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Membership cancellation	day / mo / year	Admin fee applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation letter sent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancellation processed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Final payment date	day / mo / year	Payment due	day / mo / year

