

MEMBERSHIP change/hold/cancel



CHANGE MEMBERSHIP OPTION

I authorise these changes to my membership

Name: _____ Date of Birth: _____ Signature: _____ Today's date: _____

Please change my membership to:

Payment frequency:

Platinum Gold Silver
Pool Gym Group Fitness
Adult Senior Student

Weekly Fortnightly 4 Weekly

Change membership as of (date): _____

PUT MEMBERSHIP ON HOLD

I authorise my membership to be put on hold
\$5 fee applies to every membership hold and is payable at reception at the
time of putting membership on hold. Each hold term incurs a \$5 hold fee

Name: _____ Date of Birth: _____ Signature: _____ Today's date: _____

1). Short term Membership hold *(less than 13 weeks)*

2). OR Maximum 13 week membership hold

Membership will automatically restart 13 weeks after hold date:

Hold membership from: _____ Take membership off hold: _____

Hold date: _____ Restart date: _____

CANCEL MEMBERSHIP

I authorise my membership to be cancelled
\$49 rejoin fee applies to cancelled members

Name: _____ Date of Birth: _____ Signature: _____ Today's date: _____

Cancellation of membership effective (date): _____

Reason for cancellation: _____

FOR OFFICE USE ONLY

Membership No: _____ Name of reception staff: _____ Change actioned by (name): _____ Date actioned: _____

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