SQUAD LEVEL change/hold/cancel



	CHANGE MEMBERSHIP C		I authorise these changes to my membership								
Name:			Date of Birt	h:	Signat	ure:		То	day's date:		
	change my Squad type to: Gold Silver Fitness quad price:	Bron	ze	Developmer	nt	ent frequency: Weekly se membership		rtnightly :	,	4 Weekly	
Name:	PUT MEMBERSHIP ON H	IOLD	Date of Birt	h:	l a Signat	uthorise my me There is a \$5 fee fi ure:	embership t	ent card.	on hold	:	
Hold m	1). Short term Membershi (less than 13 weeks) nembership from: Ta		ership off ho	old:	Hold d				tart 13 week	hold s after hold date:	
CANCEL MEMBERSHIP						I authorise my membership to be cancelled					
Name:			Date of Birt	th:	Signat	ure:		То	oday's date		
Cancel	lation of membership effective	e (date):			Reasor	n for cancellatio	on:				
	R OFFICE USE ONLY nbership No:	Name of	f reception s	staff:	Change ac	tioned by (nan	ne): Da	ate action	ned:		

ASHBURTON DISTRICT COUNCIL

NOTES:			