

## Customer Request Form

Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Contact Details (phone or email): \_\_\_\_\_

### Suspensions

I wish to suspend my membership from: \_\_\_ / \_\_\_ / \_\_\_ to restart on: \_\_\_ / \_\_\_ / \_\_\_

- Charge \$10 next debit (if over 2 months)

### Change membership type (please complete each column):

Change to Membership type		Commencing on: ___ / ___ / ___	Payment (if applicable)	
<input type="checkbox"/> Gold <input type="checkbox"/> Aquatic	<input type="checkbox"/> Peak <input type="checkbox"/> Off-Peak <input type="checkbox"/> Teen/Child <input type="checkbox"/> Family		Pro-rata for remaining month: ____.	<input type="checkbox"/> Charge now <input type="checkbox"/> Charge next debit

### Change of Direct Debit Information

- Change Account Details

Account Name: \_\_\_\_\_

Name & Branch of Bank: \_\_\_\_\_

BSB: \_\_\_\_\_ - \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Holders Name: \_\_\_\_\_ Account Holder's Signature: \_\_\_\_\_

- Change of Credit Card Details:  Visa  Mastercard

Cardholders Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Card Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

### Cancellation of Membership

Please cancel my membership as of \_\_\_ / \_\_\_ / \_\_\_

Please complete the anonymous tear-off information slip below

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#### Membership Cancellation Additional Information – All information is confidential

If you don't mind being contacted regarding your responses, please include your contact details (email or phone):

#### What is your main reason for cancelling? (Please tick all appropriate)

- Pregnancy     Going on holiday     Don't like training alone     Have not been happy with staff  
 Can't afford it     Losing motivation     Too busy to partake in fitness     Can't get the equipment I want  
 Medical reasons     Moving from the area     Not achieving my fitness goals     Other: \_\_\_\_\_

Any other comments?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer Signature: _____ Date: ____ / ____ / ____	Staff Signature: _____ Date: ____ / ____ / ____	Date Processed: _____
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