

MEMBERSHIP CANCELLATION

Name: _____ Date: _____

Membership Number: _____

Phone: (h) _____ (w) _____ (m) _____

In accordance with my Direct Debit agreement, I hereby give 30 days' notice to cancel my membership. 12 month up front contracts incur a \$100 cancellation fee.

Members Signature: _____ Date: _____

SSC COUNCIL MEMBERS

Payroll ID Number: _____

Additional Members to be cancelled

Member Name: _____ Member Number: _____

Member Name: _____ Member Number: _____

Member Name: _____ Member Number: _____

Member Name: _____ Member Number: _____

Payroll week ending date: _____

You or the person cancelling must have been a member for at least 6 months. Cancellation within 6 months will incur a 2 week deduction fee (membership rate) per membership.

Cancellation fee: Yes No

Member Signature: _____ Date: _____

CUSTOMER FEEDBACK

Your comments are important. Please take a minute to complete these short questions:

Why have you decided to cancel your membership? _____

Did Sutherland Shire Leisure Centres meet your expectations? _____

In what areas can we improve? _____

