

Cancellation Form

Personal Details – Please print your full legal name

Family Name		Given Name/s	
Date of Birth	/ /	Gender	
Email Address		Student Number (If Applicable)	
Postal Address			
Daytime Phone No.		Mobile Phone	
Gym Location	Toowoomba	Springfield	Ipswich

What is the reason for your cancellation? (please circle)

Leaving Town	Not Motivated	Financial Reasons	Work/Study/Family Commitments
Injury/Medical	Finished University	Other (please specify Below) _____	

Were you Happy with the service you received at The Works Health & Recreation Club?

Delighted	Satisfied	Not Satisfied
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Why? _____

Comments/Feedback: _____

Please Read Carefully

1. I understand at the time of lodgement of this form any outstanding membership fees must be paid.
2. I understand that 30 days written notice is required for cancellation, and this 30 day period is effective from the date the form is received by The Works. I also understand that two more direct debits will continue during this period.
3. I understand that I am required to return my 24hr access key by the end of the 30 Days written notice or I will be charged a further debit of \$30 to cover the cost of replacement.

Member's Signature: _____ Date: __/__/20__

Staff Signature: _____ Date: __/__/20__

<p>Office use Only: Money Outstanding: Yes/No Amount: \$ _____ Final Debit Dates: 1. __/__/20__ 2. __/__/20__ 3. __/__/20__</p>	<p>Office use Only: Cancellation Processed Through POS: Yes/No Processed By Name: _____ Date: __/__/20__ Checked By: _____ Date: __/__/20__ Double Checked By: _____ Date: __/__/20__</p>	<p>Location: (please circle) Toowoomba Springfield Ipswich</p>
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