



The Works Health & Recreation Club
 Baker Street,
 Darling Heights QLD 4350
 Phone: 07 4688 0700
 theworks@studentguild.com.au
 www.usqworks.com.au
 ABN: 11 199 275 853

CANCELLATION FORM

PERSONAL DETAILS – PLEASE PRINT YOUR FULL LEGAL NAME

Given Name/s			Family Name		
Date of Birth	/ /	Gender		Student No. <i>(If applicable)</i>	
Email Address					
Postal Address					
Daytime Phone No.			Mobile No.		
Location (please circle):	Toowoomba		Springfield		Ipswich
So we can understand why you are leaving us, would you please detail your reasons for cancelling your membership:					
Were you Happy with the service you received at The Works Health & Recreation Club? (please circle)					
Not Satisfied		Satisfied		Very Satisfied	
Would you please provide us with any other Comments or Feedback:					

PLEASE READ CAREFULLY

- I understand at the time of lodgment of this form any outstanding membership fees must be paid.
- 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.
- I understand that I am required to return my 24hr access key by the end of the 30 Days written notice.

Member's Signature: **Date:**

Staff Signature: **Date:**

Office Use Only:		Entered By:	Checked By:	Verified By:
Money Outstanding: Yes / No	Final Debit Dates: 1. / / 20 2. / / 20 3. / / 20	Staff Member:	Staff Member:	Staff Member:
Amount: \$		Date:	Date:	Date:
Cancellation processed through POS: Yes / No	
Member Number:	Location (please circle): Toowoomba Springfield Ipswich			