


CANCELLATION FORM

Members Details	
First Name:	Last Name:
Date of Birth:	Membership Card Number:
Cancelling: <input type="checkbox"/> Membership (incl. Locker Hire) <input type="checkbox"/> Locker Hire Only	
Cancellation Start Date: (30 days' notice required) ____ / ____ / ____	
Reason for cancellation:	
Please provide us with any feedback:	
Members Agreement	
<i>I have read the Cancellation Terms in full and agree to be bound to the terms described below.</i>	
Members Signature:	
Date:	

Cancellation Terms:

1. A minimum of thirty (30) days written notice is required for cancellations and this period is effective from the date of when this form is received by The Works.
2. At the time of lodging this form, any outstanding membership fees must be paid.
3. Two (2) additional direct debit payments will continue during the thirty (30) day cancellation period.
4. If you cancel your membership whilst a suspension is currently in effect, your membership will be reinstated to its full rate for the subsequent two (2) direct debits.
5. When cancelling a membership to The Works, any existing Locker Hire will automatically be cancelled too.

OFFICE USE ONLY				
Final Debit Dates:	Entered by:	1 st Check:	2 nd Check:	Uploaded to SharePoint
1. / / 20	Staff name:	Staff name:	Staff name:	Staff name:
2. / / 20	Date:	Date:	Date:	Date:
Locker Hire				
Key returned:	Locker inspection:		Bond refunded: (Finance Only)	
Key Number:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail – Please Explain:		<input type="checkbox"/> No	
Date:			<input type="checkbox"/> Yes – Date:	