

NOTICE OF CANCELLATION



MEMBER INFORMATION

MEMBERSHIP NUMBER:	
Title:	
First Name:	
Last Name:	
Address:	
Post Code:	

MEMBERSHIP INFORMATION

Membership Type	Member Type		
Gym <input type="checkbox"/>	Staff <input type="checkbox"/>	Internal Student <input type="checkbox"/>	Standard <input type="checkbox"/>
Class <input type="checkbox"/>	External Student <input type="checkbox"/>	Concession <input type="checkbox"/>	Corporate External <input type="checkbox"/>
Gym & Class <input type="checkbox"/>	Corporate Internal <input type="checkbox"/>	Alumni <input type="checkbox"/>	Retired Staff <input type="checkbox"/>

Payment Method	Membership Duration		
Cash <input type="checkbox"/>	Continuous <input type="checkbox"/>	Annual <input type="checkbox"/>	Trimester <input type="checkbox"/>
Direct Debit <input type="checkbox"/>	(Applies to DD only)		(Applies to students only)

Reason for Cancellation:	
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CANCELLATION NOTICE

Please accept this form as written notice for the cancellation of my membership with [EN]GAGE sports centre effective from when this form is received by the reception at [EN]GAGE. I would like [EN]GAGE to provide me with confirmation that they have received my notice of cancellation.

Member Signature: _____ Date of Signature: _____

For Office Use Only

Membership No:		Processed by:	
Date membership started:		Scheduled payment:	
Date notification received:		Pro Rata adjustment:	
Cancellation date:			

*Please note that in concordance with the [EN]GAGE terms and conditions of Membership all members are required to fulfil 3 months membership before submitting 1 month notice unless extenuating circumstances apply.