

# REQUEST CANCELLATION / SUSPENSION FORM



## MEMBERS: PLEASE NOTE

This is a request form only.  
You will be notified by phone/email within 30 days of the form being submitted. Your patience is appreciated.

Please ensure all sections of the form are completed. Please be aware that if you cancel your membership and wish to re-active at a later stage; there is a \$50 administration fee for this also.

Suspension <input type="checkbox"/>	Cancellation <input type="checkbox"/>
FULL NAME: _____ MEMBER NUMBER: _____	
ADDRESS: _____	
POSTCODE: _____	
PHONE _____	
(M) _____ (H) _____ (w) _____	
TODAYS' DATE ____/____/____	
PLEASE STATE THE REASON FOR CANCELLATION OR SUSPENSION	
_____ _____ _____	
I understand that if I choose to cancel my membership that a \$50 fee will be charged upon reactivating this if I need to re-join at any stage in the future on top of my normal membership price. INITIAL _____	
Request Calendar Dates for Suspension _____	
Request Calendar Date for Cancelling _____	
SIGNED BY MEMBER _____ DATE _____	
STAFF SIGNATURE _____ DATE _____	
Please submit this form in person to Bring It On CrossFit at 2/120 Victoria Street, North Geelong.	

## OFFICE USE ONLY:

Client Database updated with suspension dates

Changes made to QuickPay

☐ COMPLETED

\_\_\_\_/\_\_\_\_/\_\_\_\_

## MEMBER RECEIPT

Staff Member to Tear off this section and give to member as confirmation of submission of cancellation / suspension request form.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_