## CANCELLATION FORM

FULL NAME		CLUB		
EMAIL		MOBILE NO		
CANCEL MY MEN	1BERSHIP			
1. What was your orig	ginal health and fitness goal w	then starting with Fernwoonse fitness Stress release		
	you achieve this goal? 1 (not a	t all) - 5 (goal achieved) ation not given		
Better custome	ne more to assist you with your services  Cleanliness great (club no longer conveni	Improve equipment and	<del></del>	
4. What is the reason	you want to stop exercising a	t Fernwood Fitness? (multi	ple choice)	
☐ Equipment & fa		_	nancial 🗌 No time 🗌 Medical	
1 (Never) - 5 (Abso		ou be to re-join Fernwood a	again in the future?	
	to recommend Fernwood to a	friend in the future? ation not given		
I would like to cancel:			cancellation fees that may be applicable (To be completed by staff member)	
Payment of	Not Applicable (out of min	mum term)		
Cancellation Fee:	Has been paid (copy of the receipt should be attached to this form)			
	To be paid over	debits of \$ (after th	e notice period payments have been debited,	
Last 2 debit dates: Last access date include		\$ Date Debit #	‡2\$	
per your home clubs pricelis		nder the cooling off policy, your clu	A fee will be charged for this cancellation as b reserves the right to take the amount due	
required plus a cancellation to be paid for in order for your cancel your membership wit pay an early cancellation fee	ee if applicable. You will be entitled to membership to be finalised. These can hin your fixed term or minimum term e	use the club for the full period paid be paid for in full or may be include nd date (specified on your member o agreement. Please refer to your P	el your membership, two further debits are for. • All sessions and services used must ed as part of your cancellation fees. • If you ship agreement) you will also be required to roduct Disclosure Statement and Club's Price	
Member Signature		Date		
Staff Signature		Staff Name		

