

EXTENSION, TRANSFER OR CANCELLATION FORM



1. MEMBER'S PERSONAL DETAILS

First Name:	Surname:
DOB:	Address:
Suburb:	Postcode
E-mail:	Phone:

2. MEDICAL EXTENSIONS - FREE PLEASE ATTACH DOCTOR'S CERTIFICATE.

Dates away:

3. OTHER EXTENSIONS

12 month memberships may extend for a total of up to three months. 6 month memberships may extend for a total of up to one month.

Dates away:

4. TRANSFER - 10% OF FULL RETAIL PRICE PLEASE ATTACH MEMBERSHIP FORM OF TRANSFEREE \$

Transfer Date:	Reason for transfer:
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Is your membership paid in full or being paid through ezidebit?

5. CANCELLATION 20% OF FULL RETAIL PRICE \$

Cancellation Date:	Reason for cancellation:
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Is your membership paid in full or being paid through ezidebit?

5. AGREEMENT

I, the undersigned, understand that if I am paying by Ezidebit and extend my membership, the Ezdebit payments will continue to be deducted throughout the term of extension, finishing as originally agreed, not taking into account the new expiry date. No additional payments will be deducted once membership has been paid in full.

If I am cancelling my membership, I will be refunded a pro rata amount (if membership was paid in full) relative to cancellation date. If I am cancelling my membership that was being paid through Ezibedit, my ezidebit payments will be cancelled and no further payments will be deducted from my account.

I, the undersigned, understand if the transferee is unwilling to take over remaining fees o the membership, the transfer will be void.

Member's signature:

Date:

FOR OFFICE USE	Refund amount:	Current expiry date:
	Membership days:	Number of days absent: Days: (New expiry date)

SCREENING: _____ MINDBODY: _____ CHECKED BY: _____ SCANNED: _____