

# Departure Form

Memberships



## Member Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please tick if you would **NOT** like to continue to receive emails from Willoughby Leisure Centre with information about events, promotions and other services?

## Departure Details

I wish to request the cancelation of my membership from this date: \_\_\_\_\_

Therefore my membership will expire 14 days after date of departure stated above. \_\_\_\_\_

## Why do you want to leave?

Please indicate which one best explains your decision.

Financial reasons    Motivation    Lack of time    Moving    Travelling    Medical

Other (Please specify) \_\_\_\_\_

## Family Membership Details

If you are cancelling family members from a membership please list these members below

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

## Cancelation Declaration

I acknowledge that in order to cancel my membership I must agree to the below conditions as stated in my membership contract.

- A minimum of 14 days' written notice in the form of a Departure Form is required for all membership cancellations.
- Departure Forms must be received in person during opening hours or via email [leisure@willoughbyleisure.com.au](mailto:leisure@willoughbyleisure.com.au) Upon submitting a Departure Form via email or in person your direct debit is still active until a confirmation email of the acceptance of the submitted Departure Form has been received. If you have not received a confirmation email within 3 business days of your submission, assume it has not been received and will not be processed.
- A cancellation fee will apply should you choose to cancel your membership prior to the minimum membership period.

By law Willoughby Leisure Centre is bound by the Privacy and Personal Information Protection Act 1998 (PPIPA) and Health Records and Information Privacy Act 2002 (HRIPA). The Privacy and Personal Information Protection Act 1998 ("PPIPA") provides for the protection of personal information and for the protection of the privacy of individuals.

Primary membership Holders Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_