



ANU Sport and Recreation Association Inc.
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CANCELLATION OF DIRECT DEBIT FITNESS CENTRE MEMBERSHIP

ABN: 97 944 298 310

PERSONAL DETAILS			
Membership number			
Last name		First name	
Date of birth		Mobile number	
Email address			
FITNESS CENTRE MEMBERSHIP DETAILS			
Membership type:			
<input type="checkbox"/> Opt-Out Contract		<input type="checkbox"/> 12-Month Minimum Contract	
Membership category:			
<input type="checkbox"/> ANU Student	<input type="checkbox"/> ANU Staff/Alumni	<input type="checkbox"/> Club	<input type="checkbox"/> General
Minimum contract expiry date:	____/____/____		
CANCELLATION REQUEST			
Have all contract fees been paid?			
<i>Memberships cannot be cancelled where membership fees, or the contract payout amount is owing.</i>			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please tell us briefly why you are cancelling your membership:			
Preferred last day of access:	____/____/____		
Signed:	Date: ____/____/____		

By signing this form, I acknowledge that ANU Sport requires 14 days cancellation notice and that any full or pro-rata debit within this timeframe may still be debited from my authorised Credit or Debit Card. ANU Sport will endeavor to process your cancellation prior to the next debit. For this reason, if you do not specify a preferred end date, it is likely your membership will be set to end on the Wednesday before the next debit. Please contact reception staff for the date of the upcoming debit.

OFFICE USE ONLY	
Reception staff	
Date received: ____/____/____	Signed:
Fitness Services Manager	
Date received: ____/____/____	Signed: <input type="checkbox"/> Approved
Administration staff	
Date processed: ____/____/____	Signed: