



BULLEEN HEALTH AND FITNESS

209 Bulleen Rd, Bulleen VIC 3105

P: (03) 9850 7000

E: bulleenhealthandfitness@hotmail.com

MEMBERSHIP CANCELLATION FORM

Name: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Reason you're cancelling: _____

Prior to cancelling please consider: You have taken the step of joining **Bulleen Health and Fitness** and have already paid your **\$49** administration fee.

I acknowledge that signups after June 2020 have a 30 Day PAID notice period for cancellations and I may still use the club for this time. [Signups prior to June 2020 will only require a 7 day cancellation period]

Payments MUST be up to date for Cancellation to be processed
Reversals, overdues, suspensions or catch ups may delay the finish date

Member Signature:

Date:

____/____/____

Staff Only

MEMBER SIGNED UP PRIOR JUNE 2020

MEMBER SIGNED UP AFTER JUNE 2020

Member number _____ to be effective as of ____/____/____

If membership is direct debit, last payment shall be ____/____/____

Staff signature

Date

____/____/____

Administration Signature
