MEMBERSHIP
CANCELLATION FORM

NORTH SYDNEY
LEGENDARY SINCE 1936
OLYMPIC POOL

PERSONAL DETAILS

First name _____ Surname _____

Address _____

Mobile no. _____ Email _____

I _____ wish to cancel my membership as of _____

The reason for my cancellation:

- ☐ did not use my membership
- ☐ financial reasons
- ☐ fitness passport
- ☐ joined another gym
- ☐ medical illness or injury
- ☐ moved outside 10km radius of facility
- ☐ unhappy with facility
- ☐ customer service issue
- ☐ other: _____

Member signature: _____ Date: _____ / _____ / _____

OFFICE USE ONLY	
Date received: _____ / _____ / _____	Cancellation approved: Yes / No
Cancellation processed by: _____	CSO name: _____
Final Direct Debit date: _____ / _____ / _____	Final day of Membership: _____ / _____ / _____

Once complete, please email the form to to nsopcustomerservice@northsydney.nsw.gov.au or submit it to reception staff