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| **NARROGIN REGIONAL LEISURE CENTRE**  ABN 372 763 568 12 50 Clayton Road, Narrogin 6312 Ph: 9881 2651  E: narrogin@ymcawa.org.au [**www.narrogin.ymcawa.org.au**](http://www.narrogin.ymcawa.org.au) |  |

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| Customer Request Form | Date received:  Staff:  s |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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◻**Suspension** I wish to suspend my membership from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason for suspension: ◻Personal ◻Medical\* (please see below) ◻Other

* Suspensions are subject to the term & conditions stated on the Membership Application
* Suspensions cannot be back date and exact dates are required.
* Membership and corresponding payments will automatically restart at the end of the suspension period requested above.

\*Medical suspension fees may be waived however a medical certificate must be provided

**Certificate provided:** ◻Yes (attached) ◻No

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◻**Cancellation** Membership Type: ◻Full centre ◻Aquatic ◻Gym ◻Group fitness

I wish to cancel my membership with my final payment due to be debited on the: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(One further payment will be deducted in line with the minimum notice period)

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

Reason for Cancellation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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◻**Update Personal Details**

Change in Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change in Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change in Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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◻**Variation of Membership** All variations in membership type or change in banking details require a NEW membership form to be completed.

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**I accept the details of this request as accurate. I further acknowledge I have not relied upon any promise, statement or representation other than contained in this request.**

Members Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_