



**CANCELLATION / CHANGE TO MEMBERSHIP & LTS
WARWICK INDOOR RECREATIONAL & AQUATIC CENTRE
RECEIPT**

Phone (07) 4661 7955

Fax (07) 4661 7950

Surname _____

First Name _____

Membership No: _____

**Request Being Made
Please Select:**

Apply Time Stop	Start Date	Finish Date	
Change Membership Type	From	To	
Cancel Direct Debit	Reason		
Learn to Swim	Change From	Change To	Level request
Learn to Swim Cancellation	Reason		
Reason			

TERMS AND CONDITIONS OF DIRECT DEBIT CANCELLATIONS

I have read the Membership Terms and Conditions and understand it will take 30 days for my payments to cease. I understand that after final payment is received my membership will remain valid for a further 2 weeks, after which my membership will become invalid.

Signature of Member _____ Date ____/____/____

OFFICE USE ONLY

Date Received _____ Taken By _____

Final Payment Date: ____/____/____ Membership Invalid as of: ____/____/____

Date Altered/Cancelled on System: ____/____/____

Information Entered By: _____

RETURN THIS RECEIPT TO MEMBER

**TIME STOP REQUEST/CHANGE OF MEMBERSHIP/ DIRECT DEBIT CANCELLATION/
LTS CHANGE WITH WARWICK INDOOR RECREATIONAL & AQUATIC CENTRE RECEIPT**

Final Payment Date: ____/____/____ Membership Invalid as of: ____/____/____

Staff Signature: _____ Date: ____/____/____

Please retain this receipt as proof of cancellation.