



Membership Cancellation Form

Membership number: _____ Card number: _____

Member Information

First Name:		Surname:	
Date of Birth:		Drivers License No.:	
Address:			
Suburb:		State:	Post Code:
Home phone:	Work:		Mobile:
Email:			

Membership start date: _____

Date of submission of Membership Cancellation Form: _____

Cancellation to be valid from: _____

Cancellation of Membership of:

Lorne Recreation P/L, ABN: 44 368 401 064, t/as Lorne Sea Baths, Lorne Health & Fitness, Lorne Salt Therapy

I hereby give 30 days' notice for the termination of my membership of Lorne Sea Baths and its affiliated businesses. I understand that from the date my cancellation becomes valid; I will no longer have access to Lorne Sea Baths facilities and to any benefits of my previous membership. I understand that I will continue to be debited for the remaining 30 days of my membership, but from after this date I will no longer be charged for any membership fees.

Signature: _____ Date: _____

Reason for cancellation of membership:

Office use only:

Paysmart Client Number: _____

Relocation cancellation: yes/no _____

Medical cancellation: yes/no _____
