

Membership Modification Form

Name _____ Member No. _____

Address _____ Postcode _____ Phone: _____

Email _____

Membership Type (please tick)
 Term 12mth
 Direct Debit

Suspension Period Limits	12 month	Direct Debit
No. of Suspensions Entitled	3	3
Minimum Suspension Period	14 days	14 days
Accumulative Max Susp.Period	56 days	56 days

 Suspension

I wish to suspend my membership from ____/____/____ to ____/____/____ Total days ____

Reason for suspension: _____ (go to bottom)

 Cancellations

I wish to cancel my membership at Bluewater effective from ____/____/____

Reason – (for our reporting purposes only)

<input type="checkbox"/>	EMOTIONAL REASONS (e.g. motivation)	<input type="checkbox"/>	TIME CONSTRAINTS (e.g. work)	<input type="checkbox"/>	PHYSICAL CONSTRAINTS (e.g. injury)
<input type="checkbox"/>	ACCESS CONSTRAINTS (e.g. centre hours)	<input type="checkbox"/>	PREFERENCE (e.g. other centre)	<input type="checkbox"/>	ADMINISTRATION (e.g. error)

 Change of Membership Status
Direct Debit Membership: I wish to change the status of my membership effective ____/____/____

➤ Current membership package _____ change to _____.

Term Membership: I wish to change the status of my membership effective ____/____/____

I understand that an upgrade to my membership will require payment of balance. This balance is the pro-rata difference between my original membership fee and the package fee to which I'm changing. (For membership downgrades, please refer to the Refund section of the Bluewater Fitness Centre Terms & Agreements).

➤ Current Membership Package _____ change to _____.

 Swim School - Package Refund/Membership Suspension
Direct Debit Membership:
 I wish to CANCEL my membership effective ____/____/____ (NB: \$50 fee if within min period)

 I wish to SUSPEND my membership from ____/____/____ to ____/____/____*

*Participants may suspend their DD membership for a maximum cumulative period of 16 weeks. All amendments, including suspensions, changes of debit details and notice of cancellation, must be provided 3 business days prior to the next scheduled debit.

Paid Full Term Package:
 I wish to apply for a CREDIT/REFUND (please circle) effective ____/____/____*

*Credits/Refunds are available where a student is forced to forfeit their place due to any extended illness or injury that prevents their participation. Please attach a medical certificate covering the dates of the missed lesson.

 Change of Family Member
 Please add: Name _____ D.O.B: ____/____/____ Gender: (please circle) MALE / FEMALE

• I HEREBY ATTEST THAT THE ABOVE NAMED MEMBER IS FROM MY IMMEDIATE FAMILY AND LIVING AT THE SAME PLACE OF RESIDENCE

 Please remove: Name _____ D.O.B: ____/____/____ Gender: (please circle) MALE / FEMALE

I HAVE READ AND UNDERSTOOD THE TERMS AND AGREEMENTS ASSOCIATED WITH MY MEMBERSHIP, INCLUDING, BUT NOT LIMITED TO THE FOLLOWING POINTS:

- THE NUMBER OF SUSPENSIONS AND THE TOTAL SUSPENSION PERIOD WILL BE ACCORDING TO THE PERIOD LIMITS OUTLINED ABOVE
- FEES ARE DEBITED FORTNIGHTLY ON THE DAY YOUR MEMBERSHIP STARTED. CHECK WITH CUSTOMER RELATIONS FOR DATES.
- MODIFICATIONS MUST BE SUBMITTED 3 BUSINESS DAYS PRIOR.

Date Lodged ____/____/____ Member Signature _____