



# MEMBERSHIP MODIFICATION FORM

GIVEN NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ SUBURB: \_\_\_\_\_ Postcode: \_\_\_\_\_

Male / Female PHONE (h) \_\_\_\_\_ (m) \_\_\_\_\_

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

## CURRENT MEMBERSHIP TYPE

TERM	TYPE			GROUP		
<input type="checkbox"/> 12 MONTHS	<input type="checkbox"/> PLATINUM	<input type="checkbox"/> AQUA	<input type="checkbox"/> YOUTH	<input type="checkbox"/> ADULT	<input type="checkbox"/> YOUTH	<input type="checkbox"/> FAMILY
<input type="checkbox"/> DIRECT DEBIT	<input type="checkbox"/> GOLD	<input type="checkbox"/> SWIM SCHOOL		<input type="checkbox"/> CONCESSION	<input type="checkbox"/> CHILD	
<input type="checkbox"/> PAYROLL						

### SUSPENSION

I wish to suspend my membership from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total days \_\_\_\_\_

<input type="checkbox"/>	<b>EMOTIONAL REASONS</b> (e.g. motivation)	<input type="checkbox"/>	<b>TIME CONSTRAINTS</b> (e.g. work)	<input type="checkbox"/>	<b>PHYSICAL CONSTRAINTS</b> (e.g. injury)
<input type="checkbox"/>	<b>WEATHER</b> (e.g. winter)	<input type="checkbox"/>	<b>HOLIDAY</b> (e.g. away on a break)	<input type="checkbox"/>	<b>OTHER</b> _____

### CANCELLATION

I wish to cancel my membership effective from \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Other: \_\_\_\_\_

### CHANGE TO MEMBERSHIP STATUS

I wish to change the status of my membership effective from \_\_\_\_/\_\_\_\_/\_\_\_\_

Current membership package: \_\_\_\_\_ change to: \_\_\_\_\_

I have completed the online 24/7 Gymnasium induction video: Yes / No / NA

### CHANGE OF FAMILY MEMBER

I wish to add/remove the status of my membership effective from \_\_\_\_/\_\_\_\_/\_\_\_\_

#### REMOVE / ADD (please circle)

\_\_\_\_\_ M / F D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ (office use) M/SHIP NO \_\_\_\_\_

\_\_\_\_\_ M / F D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ (office use) M/SHIP NO \_\_\_\_\_

### REQUEST FOR CREDIT/REFUND

I wish to apply for a credit/refund for the period of: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason: \_\_\_\_\_

## TERMS AND CONDITIONS DECLARATION

- The number of suspensions and the total suspension period will be approved according to the limits outlined in Bluewater's Terms and Conditions.
- I understand that an upgrade to a Paid in Full membership will require payment of balance. This balance is the pro-rata difference between the original membership fee and the upgraded package fee.
- Credits & refund are subject to Bluewater's Terms and Conditions and management approval.

CUSTOMER SIGNATURE \_\_\_\_\_ STAFF NAME \_\_\_\_\_

### OFFICE USE ONLY

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership no: \_\_\_\_\_

Initial: \_\_\_\_\_

Initial: \_\_\_\_\_

Initial: \_\_\_\_\_

Trim File no: D \_\_\_\_\_