



# Alice Springs Aquatic & Leisure Centre

## MEMBERSHIP AMENDMENT FORM

### MEMBER DETAILS (must complete all fields for identify)

Full Name:		Date of Birth:	
Mobile Phone:		Email:	

### CHANGE OF DETAILS

☐ I need to update my contact details

Address:				
Emergency Contact:				
Medical Information:				
Staff Only (name & date)	Account updated:		Date:	

### SUSPENSION

☐ I wish to suspend my membership

From date:		To date:		
Reason:				
Staff Only (name & date)	Suspension approved:		Suspension processed:	

### CANCELLATION

☐ I wish to cancel my membership

Date of cancellation:		Last day of membership:		
Reason:	<input type="checkbox"/> Leaving Town	<input type="checkbox"/> Not using facility	<input type="checkbox"/> Unsatisfied with facility	<input type="checkbox"/> Other
Feedback				
Staff Only (name & date)	Cancellation approved:		Cancellation processed:	

### CONSENT/DECLARATION

Member Signature:		Date:	
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