



## *Birregurra Community Health Centre Gym Membership Modification Form*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Membership Suspension

I wish to suspend my membership from the 1<sup>st</sup> / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Minimum of one month suspension, may suspend up to 3 months in a year).

Membership Cancellation (14 days notice required)

I wish to cancel my membership at Birregurra Gym Membership effective from  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return to Birregurra Community Health Centre; Coordinator