Membership number:



## DIRECT DEBIT AMENDMENT/ CANCELLATION REQUEST

Membership:	Cancellation $\square$	Amendment □	
Name:			
Child's name (if appli	cable):		
Address:			
Postcode:	Т	el no:	
Email:		Mobile:	
Amendment of:		To:	
<u>Cancellation</u>			
(eg	. Premier, Concession, Fit & Ac	ive etc.)	
Reason for cancell	ation:		
Please note: If you pay yone month's written noti	your membership fees month	ly, you may terminate your membersh ot be cancelled prior to the agreed co	ip by giving us no less than
Signed:		Date:	