

CityROCK Membership cancellation

Please write neatly and complete in full.

Today's date (D/M/Y): _____ / _____ / _____

MEMBER DETAILS

Name: _____ Surname: _____

ID #: _____ Contact #: _____

Card #: _____ Email address: _____

Reason for cancelling: _____

TERMS AND CONDITIONS

- Cancellations are subject to an admin fee of R50.
- Debit order cancellation requires a one calendar month notice period, and your next due debit order will still apply, and your contract will only be terminated at the end of the next month.
- Your cancellation will only be considered active once you have received email confirmation and a corresponding reference number.

FULL NAME (PRINT)

SIGNATURE

STAFF USE ONLY

Cancellation date (D/M/Y): _____ / _____ / _____ Final debit order: R _____

Membership type: _____ Member #: _____

Reference #: _____

Staff initial: _____

EPL Excel Email