

# East Gippsland Shire Council

273 Main Street (PO Box 1618)  
Bairnsdale Vic 3875  
Website [www.eastgippsland.vic.gov.au](http://www.eastgippsland.vic.gov.au)  
Email [feedback@egipps.vic.gov.au](mailto:feedback@egipps.vic.gov.au)  
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Telephone: (03) 5153 9500  
Fax: (03) 5153 9576  
National Relay Service: 133 677  
Residents' Information Line: 1300 555 886  
ABN: 81 957 967 765

## Recreation Centre Membership Cancellation or Suspension

There are some hard words in this form. The hard words are in **blue**. You can read what they mean on page 2.

### Personal Details

First name:						
Surname:						
Postal address:						
			Postcode			
Phone number: Home:		Work:		Mobile:		
Email address:			Fax:			
Membership number:						

### Cancellation or Suspension of membership (please complete the following section)

There are some rules for membership suspensions, please read them before completing this section.

- You must request the cancellation or suspension in writing 10 days before your next **direct debit**.
- Cancellation or suspension must be applied for 10 days before the next **direct debit** starts. Cancellations or suspensions will not be back dated.
- Suspensions must be at **minimum** of one week.
- Suspensions cannot be longer than one month.
- Your membership and all costs will resume on the suspension end date stated below. If you need a longer suspension you must apply again.

<input type="checkbox"/> Bairnsdale Aquatic and Recreation Centre	<input type="checkbox"/> Lakes Entrance Aquadome
Suspension start date: ____/____/____	
Suspension end date: ____/____/____	
Have you suspended your membership before? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Cancellation of membership

I, _____ wish to cancel my membership as of, date ____/____/____.
I understand written <b>notification</b> is required 10 days prior to my next direct debit date.
Reason for cancellation: <input type="checkbox"/> Financial <input type="checkbox"/> Time <input type="checkbox"/> Motivation <input type="checkbox"/> Travelling
<input type="checkbox"/> Moving <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____

#### Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.

When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act 2014*. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail [feedback@egipps.vic.gov.au](mailto:feedback@egipps.vic.gov.au)

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I understand and accept the changes to my membership.

Signature: _____	
Name: _____	Date: ____/____/____

Exit survey filled out:  Yes  No

If no give reason: \_\_\_\_\_

\_\_\_\_\_

## Customer Satisfaction Survey

How would you rate the customer service?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
How would you rate the gym facilities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
How would you rate the pool facilities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
How would you rate the <b>accessibility</b> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
How would you rate the cost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Any ideas or suggestions for improvement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Hard Words

**Direct Debit:** A direct debit is when someone takes money from your bank account with your permission.

**Minimum:** The least amount of time.

**Accessibility:** The quality of being easily reached, entered, or used by people who have a disability.

## Office Use Only:

Received by: \_\_\_\_\_ Centre Name: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Details Updated:  Yes  No Date Updated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Updated By: \_\_\_\_\_

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