



CANCELLATION FORM

**THE FOLLOWING FORM HEREBY CANCELS MY MEMBERSHIP
AND ASSOCIATION WITH - SYDNEY HAPKIDO ACADEMY**

DATE :

1. FULL NAME:.....

WHAT ARE THE REASONS CANCELLING YOUR MEMBERSHIP?

IS THERE ANYTHING ABOUT THE CLASS ITSELF YOU FIND UNSATISFACTORY?

IS THERE ANYTHING WE CAN DO TO HELP YOU IN ANY WAY?

HAVE YOU SPOKEN WITH YOUR PERFORMANCE REVIEW MANAGER/ INSTRUCTOR ABOUT OTHER POSSIBLE OPTIONS?

I UNDERSTAND AND ACCEPT THAT:

- **“BY SIGNING BELOW I HEREBY SUSPEND AND CANCEL MY MEMBERSHIP WITH SYDNEY HAPKIDO ACADEMY, SHOULD I WISH TO REJOIN I UNDERSTAND I WILL NEED TO PAY JOINING FEES AGAIN.**
- **MY DIRECT DEBITS WILL CEASE AFTER ONE MONTH AFTER MY CANCELLATION HAS BEEN RECEIVED AS PER MY CONDITIONS OF JOINING.**

SIGNED.....WITNESSED BY (signature):.....