RTA Weipa Pty Ltd T/A Weipa Town Authority
Ph (07) 4030 9400
PO Box 420 Weipa QLD 4874
admin@weipatownauthority.com.au
ABN 54 137 266 285

# Membership Cancellation Request Form

**ALL APPROVED CANCELLATIONS WILL BE PROCESSED WITHIN 28 DAYS OF COMPLETED APPLICATION BEING RECEIVED BY THE WASP**

| **1) Member Details** | | | |
|---|---|---|---|
| First name | | Last Name | |
| Email | | Contact number | |
| Member Signature | | Date | |

| **2) Feedback** | | | | | |
|---|---|---|---|---|---|
| What is the main reason for cancelling your membership? (Please circle) | | | | | |
| Medical | Non- Usage | Relocation | Financial | Motivation | Other |
| *Please Note: You may be asked to provided supporting documentation* | | | | | |
| How often do you currently use the facility? (Please circle) | | | | | |
| Once a month | Once a week | 2-3 Times a week | 4+ Times a week | | |
| On a scale of 1-5 (5 being the highest), how do you rank your overall experience at the WASP? (Please circle) | | | | | |
| 1 | 2 | 3 | 4 | 5 | |
| Reason for this ranking | | | | | |
| | | | | | |
| | | | | | |

| **3) Office Use Only** | | | |
|---|---|---|---|
| Processed Date | | Processed By | |
| Supporting documents provided | | Approved | |
| Calculated refund amount as per cancelation policy: | | | |