



**S P O R T S
C E N T R E**
LA TROBE UNIVERSITY

**La Trobe University Guild 2009
SALARY DEDUCTION **CANCELLATION** FORM**



MEMORANDUM

To: Sports Manager, Sports Centre
Subject: **CANCELLATION** OF GUILD/SPORTS CENTRE MEMBERSHIP

I request that my membership which is indicated below be CANCELLED. I am aware that the Guild/Sports Centre will CANCEL the membership upon receipt of this request and the **return of my Guild Card and Voucher Booklet (if applicable)** and accept that, if a pay period falls within the next eight days, the cancellation of deductions may not be effected until the follow pay period.

First Name	<input type="text"/>	Family Name	<input type="text"/>
Staff Number	<input type="text"/>	Telephone Ext.	<input type="text"/>
Faculty/Dept	<input type="text"/>		

MEMBERSHIP CATEGORY

(Please tick appropriate category below)

- Guild Membership Only (HR Code 7230)
- Guild/Sports Centre (HR Code 7284)
- Guild/Sports Centre and Gold Pass (HR Code 7286)
- Guild/Sports Centre and Swimming Pool Pass (HR Code 7285)
- Sports Centre Membership Only (HR Code 7280)
- Sports Centre Membership and Gold Pass (HR Code 7283)
- Sports Centre Membership and Swimming Pool Pass (HR Code 7281)

Note: Deductions that include the Guild Membership will not be ceased until the Guild Card and Voucher Booklet have been submitted with this form

Reason for cancellation:

Signature:

Date:

Once completed, please return this form with your Guild Card and Voucher Booklet (if applicable) to the La Trobe University Sports Centre

SPORTS CENTRE & GUILD STAFF ONLY			
Sports Centre Customer Number		Process Number	
Date Added		Date sent to HR	
Clubpos Adjusted By		Sent to HR by	
Guild Membership Number		Verified by	