PSLC Membership Cancellation Form

(to be signed and submitted in person at PSLC reception)

Full Name

Membership Number

Address

Email

Phone Number

Please indicate the reason(s) which describes your need to cancel membership

☐ Financial situation

☐ Health related

☐ Not using club

☐ Issues with staff

☐ Issues with facility

Comments

How would you best describe your experience with us?

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor