



# Golf Dundee Membership Cancellation Form

Please note that in this is your first year of membership you will be billed for the full 12 months of membership as stated in terms and conditions of membership!

Full Name: \_\_\_\_\_ MRM (Office Use Only): .....

Address: \_\_\_\_\_

I wish to Cancel my membership from the following date:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Cancellation Request Survey

We would be grateful if you could answer the following questions to assist Golf Dundee in improving our services, thank you

### 1. Why did you cancel your membership? (please tick all applicable)

- Not enough time       Moved to a different course       Course facilities
- Too expensive       Course quality       Medical reasons

If **other** please provide details:

### 2. What would encourage you to return to the Golf Dundee Membership Scheme (please tick all applicable)

- Reduced prices       Special offers & events
- Additional services       Improved course quality & facilities

If **other** please provide details:

### 3. What additional services would be important to you within a membership? (please tick all applicable)

- Newsletter       Club facilities
- Clubhouse/catering       Course facilities

If **other** please provide details:

#### For Office Use Only

End Date:.....

Payment Due Date:.....

