

Please note that if this is your first year of membership you will be billed for the remainder of the season!

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 | <input type="checkbox"/> | Moved to a different course | <input type="checkbox"/> | Course Facilities | <input type="checkbox"/> |
| Too Expensive | <input type="checkbox"/> | Course Quality | <input type="checkbox"/> | Medical Reasons | <input type="checkbox"/> |

If **Other**, please provide details:

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

- | | | | |
|---------------------|--------------------------|--------------------------------------|--------------------------|
| Reduced Prices | <input type="checkbox"/> | Special Offers & Events | <input type="checkbox"/> |
| Additional Services | <input type="checkbox"/> | Improved Course Quality & Facilities | <input type="checkbox"/> |

If **Other**, please provide details:

3. What additional services would be important to you within a Membership? (Please tick all applicable)

- | | | | |
|-------------------------------|--------------------------|---------------------------|--------------------------|
| Newsletter | <input type="checkbox"/> | Member-Only Social Events | <input type="checkbox"/> |
| Clubhouse/Catering Facilities | <input type="checkbox"/> | Course Facilities | <input type="checkbox"/> |

If **Other**, please provide details:

For Office Use Only

End Date:

Payment Due Date: