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| **MEMBERSHIP REFUND REQUEST FORM** | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Details (if you are requesting a refund for more than one member please just complete 1 form, email form to treasurer@laragiants.org.au** | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Age Group |
| Player/s Name: |  |  |  |  |  |  |  |  |  |  |  |  |
| Year Of Birth |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact Email: |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact Number: |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Refund Amount per member | $15.00 |  |  |  |  |  |  |  |  |  |  |  |
| Other Amount |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank Account Name |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank BSB |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank Account Number |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |
| The refund process will begin on ...../..../..... Please note that refunds may take up to 2 weeks to process. | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| We thank you for your support in these challenging times and very much look forward to the 2021 season. | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Office Use Only |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Refund Amount $ |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Processed: |  |  |  |  |  |  |  |  |  |  |  |  |
| Processed By: |  |  |  |  |  |  |  |  |  |  |  |  |
| Authorised By: |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |