

Nomads United AFC



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Quality, Affordable Football for All

Membership Withdrawal Application

Note: Please complete one application per member.

Date of Application: _____

Member Name: _____

Membership Type: _____

Team: _____

1. Have you discussed your withdrawal with your team's coach or manager?

Yes

No

2. What is the reason for your withdrawal?

No longer wanting to play

Change of address

Illness or injury

Transfer to another club

Other: _____

3. Have you read Nomads United's Registration Subscription Policy?

Yes

No

4. Do you agree with the terms outlined in the Registration Subscription Policy?

Yes

No

If no, please provide details: _____

5. If you are eligible for a refund how would you like it paid?

Credit held on account to be applied to next season's membership subscription.

Credit paid into the following bank account

Account No: _____

Account Name: _____

6. Do you plan to be a member of Nomads United in the future?

Yes

No

If no, please provide details: _____

Signed: _____

Name: _____