

# WITHDRAWAL FORM

## Exercise Centre at the University of Aarhus

### Information about the member

Name
E-mail
CPR-number (civil reg.no.)
Address (private)
Place of employment (department/building)
Telephone (home/work)
Card number (card used for entrance to FMAU)
4-digit PIN code used with the card

Notice of withdrawal must be given in writing to the committee before the 10th day of a month to have effect at the end of the same month.

If the card is only used for entrance to the exercise centre, please return it to:

**Marianne Vedsø**  
**Biologisk Institut**  
**Ny Munkegade**  
**byg. 1540**

Date \_\_\_\_\_ Member's signature \_\_\_\_\_

Date \_\_\_\_\_ Secretary's signature \_\_\_\_\_

### Information for the Salary Department (to be completed by the secretary)

T:	CPR:	Salary code: 9046	Withdrawal date:
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Please send this form to: Marianne Vedsø, Biologisk institut, Ny Munkegade, byg. 1540