



## **MEMBERSHIP SUSPENSION FORM**

Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason: \_\_\_\_\_

Number of weeks: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

T & C: All suspensions are at \$2.00 per week, unless states otherwise.

Minimum suspension time is 2 weeks.

Maximum suspension time 3 months per year per person, unless states otherwise by management.

Maximum of 2 suspensions per person per year.

5 Days' Notice is required for processing

IMPORTANT: Membership fees will automatically recommence at the end date you have specified on this form.

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

**NOTE; THESE SUSPENSION TERMS COMMENCING FROM JAN 1 2021**

### Staff Only

Staff Signature

Date

\_\_\_\_\_

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