

Suspension Request Form



PERSONAL DETAILS

First name:	Surname:
Mobile:	Email:

SUSPENSION DATE

I wish to suspend my membership from: ___/___/_____ to ___/___/_____

SUSPENSION REASON

Pregnancy Holiday Work Commitments Financial

Medical/Injury (do you wish to supply medical certificate? Yes/ no)

Other (please specify):

ACKNOWLEDGMENT OF TERMS AND CONDITIONS

I acknowledge by signing this suspension request form I have read and understood the following terms and conditions;

I acknowledge that it may take 5 business days' to process my suspension.

I acknowledge that I can suspend my membership a maximum of 84 days' per calendar year.

Membership payments will not be taken for the days that I have suspended, a prorate amount for the fortnight leaving and returning will be deducted.

Suspension forms lodged within 5 days notice of the next direct debit date will be reflected in the following fortnights direct debit.

Suspensions are for a minimum 7 day period.

Customer Signature:	Date:
Staff Acceptance:	Date:
Actioned by:	Date: