

MEMBERSHIP SUSPENSION FORM

MEMBERS NAME: _____ MEMBER NUMBER: _____

ADDRESS: _____

SUBURB: _____ POSTCODE : _____

MOBILE: _____ PHONE: _____

REQUESTED SUSPENSION START DATE: _____

REQUESTED RECOMMENCEMENT DATE: _____

(a recommencement date must be entered)

REASON FOR SUSPENSION: _____

SUSPENSION TERMS AND CONDITIONS

- Members are entitled to suspend their membership at no charge for the following time periods:
 - 12 Month Membership-** minimum 2 weeks, maximum of 4 weeks
 - 6 Month Membership-** 2 weeks (to be taken in one block)
 - 3 Month Membership-** 1 week (to be taken in one block)
 - 1 Month Membership-** no suspension available
- If you wish to suspend for a period greater than those specified above, a fee of \$10 per additional suspension period is applicable
- If a valid medical certificate is provided additional fees will be waived for a minimum of 14 days to a maximum of 150 days.
- Your membership will automatically recommence after the suspension period has been completed and debit fees will be adjusted as applicable.
- Any suspension period during the term of a membership will be added onto the membership expiry/anniversary date.
- Membership suspensions **cannot** be backdated.

I _____ have read, fully understand and accept these terms and conditions.

Members Signature: _____ Todays Date: _____

OFFICE USE ONLY

Received (staff member) By _____

Date _____

*New payment schedule

Entered into Links By _____

Date _____

DD run Month	Payment Amount

 Entered onto adjustment By _____
 spreadsheet

Date _____

Credit / Bankcard – If CC, details altered on CRWBC spreadsheet

By _____

Date _____

*This form is to be photocopied and placed in the affected months in Direct Debit file