

# Membership Suspension Form



## MEMBER DETAILS

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**FREEZE**

TAKE A LITTLE BREAK

## SUSPENSION DETAILS

Suspension Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Suspension Finish Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## REASON FOR SUSPENSION

MEDICAL       RELOCATION       NON-USAGE       OTHER (DETAIL BELOW)

## SIGNATURE

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

## OFFICE USE ONLY

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Staff Member Signature: \_\_\_\_\_  
Date Actioned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Staff Member Signature: \_\_\_\_\_