



MEMBER SUSPENSION FORM

Name: _____

Today's Date: ___/___/___

(as per your membership agreement).

- Minimum of 2 weeks up to a Maximum of 3 months hold in any 12 month period
- A suspension fee of \$5, will be charged each week the membership is on hold. If you are in a minimum term, the membership end date will be extended by the suspension duration.

Reason: Holiday Injury Illness Other: _____

Please suspend my membership from ___/___/___ to ___/___/___ or for _____ Days / Weeks / Months

COMPLETED BY _____

PROCESSED DATE: ___/___/___