



Membership Suspension Form

Date:

Membership Number:

Please complete this Membership Suspension form in full and return to Connect Fitness.

Note: This Membership Suspension Form must be completed and returned with the appropriate documentation (if necessary) 7 days prior to the requested suspension dates in order to process your request.

No verbal suspensions can be accepted.

Title: First Name: Surname:

Address:

Suburb: Postcode:

Telephone: Mobile:

Email Address:

Suspension Dates: –

to

Number of Weeks

Reason for Membership Suspension

Please tick the appropriate box(s) as the reason(s) for your suspension request.

Semester Break Business Relocation Medical Personal

Conditions for Membership Suspension:

1. A minimum of 2 weeks and a maximum of 12 weeks per calendar year for personal reasons and semester breaks for Direct Debit memberships
2. Minimum 2 weeks maximum 12 months for the following:
 - a) Medical
 - b) Business Relocation
3. Medical Certificate or Employer Documentation must accompany point #2.
4. 7 Days' notice must be given prior to suspension activation

Member's Signature:

Staff Member's Signature:

OFFICE USE ONLY

Date Request Received:

Suspension Processed by: