



DIRECT DEBIT MEMBERSHIP SUSPENSION APPLICATION

Membership Suspension: Terms and Conditions

Minimum 1 week suspension

Maximum 8 weeks suspension

(Within calendar year)

*** No backdating of Direct Debit Suspension**

*** Minimum 5 Business days notice in advance for Direct Debit Suspensions**

First Name: Last Name:

Address:

Suburb: Postcode:

Phone: Email:

Reason for suspension:

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Membership Number:

Dates of suspension from:/...../..... **To:**/...../.....

I agree to above terms and conditions

Signed: **Date:**/...../.....

(MEMBER)

OFFICE USE ONLY

Commencement date:/...../..... **Initial expiry date:**/...../.....

No. of days suspended: