



MEMBERSHIP SUSPENSION APPLICATION

- Membership suspension:** 1 month membership - No suspension
- 3 month membership - 2 weeks maximum
- 12 month membership - 8 weeks maximum

First Name: Last Name:

Address:

Suburb:..... Postcode:

Phone No:

Reason for suspension:

.....

.....

Membership number.....

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

Signed: Date://

(MEMBER)

OFFICE USE ONLY

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

No. of days suspended:.....