



**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: .....

.....

.....

**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:** .....