



**MEMBERSHIP SUSPENSION APPLICATION**

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

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:*.....