

MEMBERSHIP SUSPENSION

Name: _____ Date: _____

Membership Number: _____

Phone: (h) _____ (w) _____ (m) _____

Suspension Start Date: _____ Suspension End Date: _____

REASON FOR SUSPENSION: Holidays Medical COVID-19

A minimum of one (1) week and a maximum eight (8) weeks suspension can be applied to memberships. Suspensions can be added for a maximum of eight (8) weeks at no extra charge. Medical Suspensions with a valid Doctors Certificate can be unlimited. Please note, membership suspensions cannot be back dated.

*All Pay As You Go members must apply for suspension 5 days prior to the 1st of the month.

MEMBERSHIP TYPE:

12 Month Pay Up Front SSC Membership Pay As You Go Direct Debit

Extended Suspension Required: Yes No

For those who wish to take additional time over the maximum allowance of 8 weeks. A \$2 extended suspension fee is applied per day.

Member Signature: _____ Date: _____

OFFICE USE ONLY	
Noted on File	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Signature	