

USQ Works Health and Recreation Club SUSPENSION APPLICATION



Name: _____

Contact Number: _____

Suspension Start Date: ___/___/___

Suspension End Date: ___/___/___

Membership Type (please tick one):

Direct Debit

Term

Fit & Well

Reason for Suspension: _____

Please note

- Membership suspensions are subject to a minimum period of 14 days.
- Membership suspensions will not be applied retrospectively.
- Maximum suspension time per application is 2 months with the exception of suspensions made for medical reasons.
- Membership suspensions made because of medical reasons must be accompanied by a Medical Certificate.

Member Signature: _____ Date: ___/___/___

Staff Initials: _____ Date Received: ___/___/___

Date Processed: ___/___/___ Staff Initials: _____