

## **MEMBERSHIP SUSPENSIONS**

CONTACT DETAI	ILS		
			D.O.B:
		obile:	
Email Address:			
MEMBERSHIP SI	USPENSION		
Membership Number	ī		
Membership Type:	Signature		
Please suspend my r	nembership from: Start Date	e: End Date:	
Reason for Suspension Work Holidays Study Medical Other	on:		
<ul> <li>Membership susper</li> <li>A minimum suspen</li> <li>A \$5.00 processing</li> <li>Membership susper</li> <li>Your membership w</li> <li>All medical suspens</li> <li>must be presented a</li> <li>Memberships purch LTU International Up</li> </ul>	fee applies prior to suspending your insions cannot be backdated, unless in will automatically recommence after the sions are free of charge upon present at the time of suspension request. Mo	d a maximum suspension period of 12 montl membership. In the event of a medical condition. The suspension period has been completed (a ation of a valid medical certificate that cover edical suspensions can only be backdated for including Residential Upfront Memberships, Lended.	as the date specified on this form). rs all requested suspension dates. This or one month.
ACCEPTANCE I confirm that all the Conditions above.	details provided are accurate	and that I have read, understood ar	nd agree to the Terms and
		Parents Signature: _	
Date:		Date:	
			(signature of a parent required, if you are 18 and under)
OFFICE USE:	<ul><li> ☐ Member Suspended</li><li> ☐ Fees Paid</li><li> ☐ Further Action*</li></ul>	CUSTOMER SERVICE STAFF: Membership Number:	MANAGEMENT: Verified by:
Please note: if you cannot suspend	_	Suspended by:	Date Verified:
a customer for the duration they have requested. Please suspend it to where you can and make a note of it here for a manager to amend.		Date Suspended:	