



## SUSPENSION REQUEST FORM \*

Please fill out all details below:

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Daytime Contact Details (Phone and Email): \_\_\_\_\_

Reason for requesting Suspension (please tick most applicable):

- |  |   |
|--|---|
| <input type="checkbox"/> Injury or Illness   | <input type="checkbox"/> Overseas Travel        |
| <input type="checkbox"/> Wanting to transfer | <input type="checkbox"/> Other (please specify) |

Start Date for Suspension (minimum 7 working days notice required):

\_\_\_\_\_

End Date for Suspension: \_\_\_\_\_

Total Length of Suspension: \_\_\_\_\_

**\*Note:** This is a request form only. Approval for Suspension will be at the discretion of Exodus Management. If you do not receive any contact from us within 10 working days please contact us on 978 9733 or email: [accounts@exodusclub.co.nz](mailto:accounts@exodusclub.co.nz). It is your responsibility to ensure your request has been received.

**Important:** You are entitled to suspend your membership once in any 12 month period for a maximum of 3 months and a minimum of 1 month.

The length of the Minimum Period of your membership will be extended by the period of suspensions taken.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by (Staff Name): \_\_\_\_\_ Date: \_\_\_\_\_

If the suspension is approved a \$25 suspension fee will apply. If you are required to suspend due to medical reasons the suspension fee will be waived upon receipt of a medical certificate.

Terms & Conditions Apply.

<b>OFFICE USE ONLY:</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Request further information
<input type="checkbox"/> Declined	<input type="checkbox"/> Updated in Gladstone
Amount owing (if any): \$ _____	Processed by: _____

It's the choice you deserve.

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