



## MEMBERSHIP SUSPENSION REQUEST

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE OF BILLING: \_\_\_\_\_  
(The day you get billed each month)

REASON FOR SUSPENSION: \_\_\_\_\_  
(Must fill this out)

Begin Suspension (Must fall on billing date): \_\_\_\_\_

End Suspension (Must be at least 1 full month, 3 month max): \_\_\_\_\_

COMMENTS:

### **NOTE:**

- Cannot suspend during initial 3 months of membership.
- Must give 2 week minimum notice for suspensions.
- Minimum 1 month, Maximum 3 months.
- If suspending in the middle of a 12 month contract, the end date of your contract will move accordingly.

Processed Date:

Processed By:

Updated 4/2009