



BULLEEN HEALTH AND FITNESS

209 Bulleen Rd, Bulleen VIC 3105

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MEMBERSHIP SUSPENSION FORM

Name: _____

Email Address: _____

Date of Birth: _____

Phone Number: _____

Reason: _____

Number of weeks: _____

Start date: _____ End date: _____

T & C: All suspensions are at a **MAXIMUM** of \$2.20 per week, unless states otherwise.

Minimum suspension time is 2 weeks.

Maximum suspension time 3 months per year per person, unless states otherwise by management.

Maximum of 2 suspensions per person per year.

5 Days' Notice is required for processing

IMPORTANT: Regular membership fees will automatically recommence at the end date you have specified on this form. Failed payment fees may still occur due to declined payments.

Signature: _____ Date: ____/____/____

NOTE; THESE SUSPENSION TERMS COMMENCING FROM JAN 1 2021

Staff Only

Staff signature

Date

____/____/____