



Membership Hold Request

OFFICE USE ONLY

ECM No:

I, (Full Name) _____

Membership Type: Full Centre Aquatic Fitness

Reason: Holiday Medical Personal Other _____

Wish to put my Membership **on hold** for the following date range:

____ / ____ / ____ to ____ / ____ / ____ (inclusive)

ONGOING DIRECT DEBIT MEMBERSHIPS

- I understand I must give **3 working days' notice prior to the next scheduled direct debit** as per the Membership Terms & Conditions.

UPFRONT MEMBERSHIP

- Upfront 12-month membership holds can be for medical and non-medical reasons but not exceeding 2 months in a 12-month period.
- Upfront 3-month membership holds can only be for medical reasons only. A medical certificate must be provided.

Signature: _____

Contact Number: _____ **Date:** ____ / ____ / ____

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Received (date):		CSO:	
Processed (date):		CSO:	