



## GROUP MEMBERSHIP SUSPENSION REQUEST

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Membership No.: \_\_\_\_\_ Membership Type: \_\_\_\_\_

Locker No.(If any): \_\_\_\_\_ Billing Cycle (for Monthly Dues Member ONLY)  15<sup>th</sup>  30<sup>th</sup>

Correspondence Address: \_\_\_\_\_

Phone No.: Mobile: \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_

I understand that I must give a minimum fourteen (14) days notice with proof for the suspension request. My membership period will be extended accordingly after approval from the Centre and will not affect the monthly auto-pay debit. I also understand that my suspension period is for a period of minimum one month and a maximum of two months over a twelve (12) months period, and that I will be charged HK\$200 each month as admin fee. I further understand that during the suspension period I cannot use the Center's facilities. I understand the suspension only applies for annual group memberships and not for private class packages. Please provide medical certificate for suspension due to medical reason.

(Starting and Ending date MUST be the same as billing cycle)

Suspension Period: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY DD MM YY

Reason for Membership Suspension: \_\_\_\_\_

Member's Signature

Consultant's Name in Print

Consultant's Signature

Date

### OFFICE USE ONLY

Revised contract expiry date: \_\_\_\_\_ (To be confirmed and subject to approval by management.)

Joined date: \_\_\_\_\_ Membership type: \_\_\_\_\_

Updated by: \_\_\_\_\_ Approved / Unapproved: \_\_\_\_\_

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

If there is any inconsistency or conflict between the English & Chinese versions of these Terms & Conditions, the English versions shall prevail

Office's copy