



RESERVOIR HEALTH AND FITNESS

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 \$2.00 per week, unless states otherwise.

Maximum suspension time 4 Weeks per year per person, unless states otherwise by management.

5 Days' Notice is required for processing

IMPORTANT: Membership fees will automatically recommence at the end date you have specified on this form

Signature: _____ Date: ____/____/____