ON HOLD APPLICATION FORM			
Term: minimum 1 month, maximum of 3 months			
Name:	ID Nun	nber:	
Current Contact Number/Email:			
Membership Type:			
Reason for holding membership:	Travel	Medical	Othe
Evidence provided:			
From Date:	Until Date:		
Terms and Conditions:  Membership Hold's cannot be apple memberships, 10-entry passes, or than 12 months.		-	
Term: - minimum of 1 month and	a maximum	of 3 months	
You must apply in writing by completing an On Hold Application form.			
Evidence must be provided and must requested.	show dates re	elevant to hold period	d
The membership will automatically reaspecified.	activate the d	ay after the 'Until Da	ite'
Anyone requiring an On-Hold extension terms and conditions.	on will need to	reapply under the s	ame
Management reserves the right to cha	inge or discor	itinue the On-Hold p	olicy at
Any reason for the hold other than tra from Management.	vel or medica	ıl must have prior ap	proval
Ihold for the above period and agree to outlined in this application form.	request for mo abide by the	ny membership to be e terms and conditio	put on- ns as
Signed:	Date:		
Office Use Only			
Staff Member Name:		_ Date:	
☐ Evidence attached			

□ Expiry Date on computer updated

☐ Paperwork filed