MEMBERSHIP SUSPENSION/REACTIVATION

- **An <u>active</u> account that wants <u>all</u> members on <u>suspension</u>.**
- **An account that is <u>reactivating</u> <u>all</u> or some previous members.**

Membership Account # _____   **Date** _____

Name of Member (please print) _____

SUSPENSION

<u>Suspension</u> start date: _____

- *I understand there is a $10 monthly fee to suspend my membership until I reactivate it in writing.*
- *I understand that the suspension will be effective the 1st of the following month.*
- *I understand that while on suspension the club can only be used for the Day Spa and paid activities.*
- *I understand that while on suspension all programs are charged at non-member rates.*
- *I understand that the suspension must be a minimum of one month.*

I will be suspending my membership for one of the following reasons:

Medical _____   Business _____   Extended Vacation _____   Second Residence _____   Other _____

REACTIVATION

<u>Reactivation</u> start date: _____   *Dues will be prorated based on date of reactivation.*

1) _____   **Date of Birth** _____

Cell: _____   **E-mail:** _____

2) _____   **Date of Birth** _____

Cell: _____   **E-mail:** _____

3) _____   **Date of Birth** _____

4) _____   **Date of Birth** _____

Signature of Member: _____

Email Address: _____   **Phone:** _____

OFFICE USE ONLY:

Received by _____   **Previous membership type** _____   **New membership type** _____

Total collected/refunded _____   **Initials/date** _____