



AQUAMOVES

Suspension Form

Membership number: *(staff use only)* _____ Date of Birth: _____

Given Name: _____ Surname: _____

Address: _____

Town: _____ Postcode: _____

Contact Phone: _____ (A/H) _____ (B/H) _____ (Mobile)

Membership Type: _____

Please note:

Suspension only applies to 6 month and 12 month memberships with a minimum of 7 days.
A maximum of 1 month for 6 month members and 2 months for 12 month members also applies.

Start date of suspension: _____

End date of suspension: _____

Suspension reason: _____

Suspension fee \$8.00 (please tick one of the options below)

Paid at Customer Service

Add to next DD

Not Applicable: Over 60s Medical Certificate Supplied

Customer signature: _____

Receptionist on duty: _____

OFFICE USE ONLY:

Entered On Links: (please tick) Yes Date entered: _____

Customer Service Staff: _____

Privacy Statement

The information contained in this document is collected to provide contact information for individuals wishing to utilise Aquamoves' facilities. This information may be disclosed to other areas of Aquamoves/Council or third parties should contact be necessary regarding an issue with memberships or use of the facility, in accordance with the Privacy Act.

Signature: _____ Date: _____