

All-Inclusive Membership | Medical Suspension

		Member's Signature	Date (MM/DD/Y)	1)
		Member's Name (Print)		
		Manual III (C.)	.	
	NOTES			
	Doctor's Note Provided STAFF INITIAL DATE / /			
	_			
	Processed STAFF INITIAL DATE / /			
	STAFF INITIAL DATE / /			
	Received and copy given to Member			
Г	INTERNAL USE ONLY			
		Email	Birthdate	
		Cell Phone	Add'l Phone	
			State Zip	_
		, -		_
		Corporate Membership		
		Suspension Effective Dat	C	
	available from the date the suspension form and doctor's note is received.			
	All medically-related suspension requests require a doctor's note. Membership suspension is only	provided for a medical suspension.	schola and provide proof of residency. A doctor's note mast b	L
	Reason for Suspension Medical	A primary member must always mai becomes inactive, the membership w	intain an active status. If at any time a member of the family vill be downgraded to reflect the active members. Family sehold and provide proof of residency. A doctor's note must b	
		Member's Suspending		