

Reason for Suspension

**Medical** (tell us why)

**Members Suspending**

*A primary membership\* must always maintain an active status. If at any time the primary membership becomes inactive, an additional family membership will default to a primary membership status. Additional family members must live at the same address and provide proof of residency. Doctor's note must be provided for a medical suspension.*

Member Suspending \_\_\_\_\_

Cancellation Effective Date MM/DD/YY \_\_\_\_\_

**Corporate Membership**

Company \_\_\_\_\_

**INTERNAL USE ONLY**

Received and copy given to Member

STAFF INITIAL \_\_\_\_\_ DATE / /

Processed

STAFF INITIAL \_\_\_\_\_ DATE / /

Doctor's Note Provided

STAFF INITIAL \_\_\_\_\_ DATE / /

NOTES

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_

**Member's Name (Print)**

**Member's Signature**

**Date MM/DD/YY**