

Application for Freezing Membership – Time-Stop

Today's Date: ____/____/20__

Name: _____

DOB ____/____/19__ **OR** barcode/key tag number _____

(**To ensure we use the correct account**)

Dear Newtown Gym,

I would like to have my membership placed on a "time-stop" -

**** From ____/____/20__ ****

****BACKDATED TIME-STOPS WILL NOT BE ACCEPTED****

I understand my membership may be placed on "time stop" for a minimum of 2 weeks (if I return within 2 weeks, no time will be added) and no longer than the limits listed below dependent as per length of my membership -

- o 3 weeks (3 month membership);
- o 6 weeks (6 month membership);
- o or 12 weeks (12 month membership), in total.

I am also aware that my time away will be accrued (added on) to my membership upon return.

In the case of illness or injury, I will provide a medical certificate if I am to receive any time beyond membership limits listed.

- Medical certificate provided and attached.
- Medical certificate will be provided.
- Maximum of 6 months will be added for pregnancy (birth certificate required).

Management reserves the right to review conditions on each application for extended time stop.

Many thanks,

Signature: _____ **(Please sign)**

Email: _____

Please sign and pass to reception, fax 9519-6317, or e-mail scanned copy to admin@newtowngym.com.au

Staff use only:

Entered into Clubware: ____/____/20__

Staff Member: _____

Returned from time-stop: ____/____/20__

Staff Member: _____

Processed/filed: ____/____/20__

Staff Member: _____