

HEALTH CLUB MEMBERSHIP TIMESTOP APPLICATION

FIRST NAME: _____ LAST NAME: _____

CUSTOMER ID NO: _____ EMAIL: _____

EFFECTIVE FROM: _____ RETURN DATE: _____

REASON: Medical Travel Other: _____

TERMS & CONDITIONS OF TIMESTOP:

Membership Type	Membership Term	Minimum Timestop	Maximum Timestop	Additional Information
Upfront	12 months	1 week (7 days)	8 weeks (56 days)	<ul style="list-style-type: none"> Standard conditions apply
	6 months	1 week (7 days)	4 weeks (28 days)	<ul style="list-style-type: none"> Standard conditions apply
	3 months	Not Eligible for Timestop		
Direct Debit	Monthly	1 week (7 days)	3 months (92 days)	<ul style="list-style-type: none"> Standard conditions apply Payments are calculated on a pro-rata basis and adjusted on the next debit date(s)

- Timestops cannot be back dated – applications must be submitted for approval prior timestop start date.
- Timestops cannot be accrued to subsequent membership periods.
- Upon maximum limit/expiry of the timestop period the membership will be automatically be reinstated.
- Any timestop applied to monthly debit membership will extend the minimum term of the contract by the length of the time stop period.
- Extended timestop may be granted for medical reasons. A medical certificate of more than 7 consecutive days is required to support the request, which will be subject to approval by Member Services.
- Timestop for medical reasons may be approved for a maximum of 3 months (92 days).
- Timestop approvals will be notified via email only.
- Please allow up to 7 days for timestop to be processed.

I hereby understand and agree to the Terms and Conditions of Timestop stated above.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY					
TS Days used:		Approved / Approval sent:	Y / N	Actioned in Links:	Y / N
TS Days remaining:		New Expiry or Minimum Term:		Staff:	