



MEMBERSHIP SUSPENSION REQUEST FORM

Member's ID: _____

Surname: _____	Address: _____	
Name: _____	City: _____	Postcode: _____
Date of birth: / / _____	E-mail: _____	Telephone: _____

Suspension of member's account from: / / _____	to: / / _____
Total fee for member's account suspension: _____	EUR _____

Date

Signature of the requester

Signature
(on behalf of THE Fitness)