

Membership Freeze Request

The option to freeze membership must be made in writing one calendar month prior to the freeze commencing. Freeze requests are only available to those injured or travelling for work/university, documentation may be requested for proof. Membership can only be frozen from the 1st of each month and will apply to both main member and any associates. If you are on an annual subscription your end date will be extended accordingly. This form must be signed by the main member.

Title	Surname	Forename
Home Address		
		Post Code
Phone	Mobile	Email

Payment method

Lump sum payment <input type="checkbox"/>	Payroll <input type="checkbox"/>	Monthly payment by Direct Debit <input type="checkbox"/>
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Type of Membership

QUB Student <input type="checkbox"/> Student Number _____	Staff <input type="checkbox"/> Staff Number _____	Graduate/Public/Other Student <input type="checkbox"/> Membership Number QUB _____
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Do you have an associate member on your account? Yes/No

Reason for Freeze Request

Medical or Away with Work/Placement - **Please circle**

Expected month of return -	Evidence/Confirmation emailed/shown at Reception Yes/No
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All memberships will reactivate on 1st of the month above unless requested to reactivate earlier.

Please note we require at least one full calendar months notice to freeze your membership.
(Terms & Conditions apply)

Member's signature:

Date:

