



Membership Suspension Form

Name: _____

Date: _____

Membership Type

NOAA Payroll Deduction

Online Subscription

FAA/DOT Payroll Deduction

Reason for Suspension

Medical

Work-Related (minimum 2 months)

Documentation Provided: _____

Expected Return Date: _____

Locker

Do you plan on keeping your locker while suspended?

Yes (Locker #: _____)

No

N/A (I don't have a locker)

Additional Notes:

Signature: _____

Date: _____

FOR STAFF USE:

Suspension Processed by: _____ Locker Processed: _____ Date: _____

Notes :
