



# Membership Pause Due to Hardship

Name

Agency

Contact Number

Email Address

Membership  
Type (tick one)

Resource	<input type="checkbox"/>	Training	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Accelerated	<input type="checkbox"/>
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## Circumstances of hardship

Please explain the reason for your application:

## Details of Paused Membership

Duration  
(tick one)

30 Days	<input type="checkbox"/>	60 Days	<input type="checkbox"/>
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Commencement Date

End Date

Name

Position

Signature

Date