



YMCA OF CASS AND CLAY COUNTIES

# MEMBERSHIP ON HOLD FORM

Member ID#: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_ Staff: \_\_\_\_\_  
 MC Follow Up: \_\_\_\_\_ Date \_\_\_\_\_  
 Computer Input: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Email \_\_\_\_\_

### Reason For Membership Hold:

- (1) \_\_\_\_\_ Hold For Summer
- (2) \_\_\_\_\_ Hold for Winter
- (3) \_\_\_\_\_ Medical Reasons
- (4) \_\_\_\_\_ Other (please explain)

To help us ensure future quality at the YMCA, please answer the following questions:

What was the #1 reason you joined the YMCA?

Do you have any suggestions to help us improve our facilities or programs?

Please rate each category on a scale of 1-5, with 5 being excellent:

_____ Cleanliness of facility	_____ Staff friendliness
_____ Information available	_____ Staff knowledge
_____ Equipment	_____ Membership Value
_____ Hours of Operation	_____ Facility Safety
_____ Quality of Programs	

## MEMBERSHIP HOLD FOR:

- \_\_\_\_\_ 1 Month
- \_\_\_\_\_ 2 Months
- \_\_\_\_\_ 3 Months

\*Membership Holds Available  
Once Per Calendar Year

## Please Note:

Your membership is paid and will remain active through:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_,

and will restart AUTOMATICALLY on:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\$5.00 will be charged on the 15th of each month your membership is on hold.**

I hereby request that my membership be put on hold for the time period listed above and agree to pay \$5.00 per month for this service. I understand that my membership will be inactive during this time. I also understand that my membership will automatically restart perpetually at the regular monthly rate on the date listed above.

If I choose to utilize the YMCA during the time my membership is on hold, I understand that I must use one of the guest passes allotted to my membership or pay half of the current day pass rate to access the facility.

If I wish to restart my membership early, I agree to pay a prorated membership fee for the dates between my rejoin date and my next regular monthly bank draft.

I understand that if I decide to cancel my membership, I must cancel in writing by the end of a month to avoid future drafts.

Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_