



**YMCA OF HARRISON COUNTY
MEMBERSHIP HOLD FORM**

Billing Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

What type of membership do you have? Household One Adult Plus
 Two Adults Adult
 Senior Youth

Start Date of Hold: _____ End Date of Hold: _____

Monthly Billing Will Resume: _____

What is the reason for placing your membership on hold?
Please check all that apply.

Medical Reasons	<input type="checkbox"/>
Hold for Summer/Winter	<input type="checkbox"/>
Vacation	<input type="checkbox"/>
Work/Employment	<input type="checkbox"/>

Please note: A membership may be placed on hold at anytime. The hold fee is \$10.00 per month and MUST either be paid in full up front or scheduled to draft from the bank account on file or be charged to the credit card on file. Upon the conclusion of your hold, your membership dues will resume. If you decide you would like to cancel your membership, cancellations must be made in writing by the last day of the month to stop the bank draft or credit card draft for the next month.

Financial assistance is available for a variety of programs and memberships. Those unable to pay the full fee may apply to receive sliding-scale assistance through the Open Doors program. Open Doors assistance is granted based on personal need, enrollment limitation and our Y's financial resources. Applications are available at the Member Service Desk. All information is confidential.

I have read and understand the above information. I understand when my membership will be placed on hold and when my regular monthly membership dues will resume.

Member's Signature

Today's Date

Unit #: _____	MS Staff: _____
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