

Membership Request form for **HOLDS OR CANCELLATIONS**

Member Name: _____ Phone #: _____

Email Address: * _____

***Email address is required to receive acknowledgement/confirmation of your request**

MEMBERSHIP HOLD REQUEST (Choose one):

MEDICAL HOLD

TRAVEL HOLD

- **Minimum hold is 2 consecutive months to a maximum of 6 months during a calendar year.**
 - Prorated dues apply if minimum hold is not completed.
- Hold status cannot be backdated.
- \$25 hold fee, per month, for standard memberships (under 65 years of age), unless agreed upon by management.
- Use of facility is not allowed when membership is on hold.

REASON: _____

START HOLD DATE: _____ **REACTIVATE MEMBERSHIP DATE:** _____

CANCEL MEMBERSHIP REQUEST

- **Must be submitted by the last day of the month to avoid next month dues.**
- Must complete one-year term to avoid cancellation fee.
- All dues must be in good standing before cancellation is applied.

REASON: _____

This form serves as a request to place your membership on hold or to cancel. **Acknowledgement of your request will be provided by email using the address given above.**

Member Signature: _____ Date: _____

Staff Signature: _____ Date: _____

