



Office Use:
 Date received: ___/___/___
 Staff: _____

Membership

Hold **Cancellation**

Member name: _____ DOB: ___/___/___

If under 18, person responsible: _____

Member address: _____

Phone number: _____

Reason for Hold / Cancellation:

Moving Financial Not Enough Time Medical Dissatisfied

Other: _____

The YMCA will place a membership on hold for up to three months per calendar year. Membership holds will start and end on your scheduled payment date. A two-week notice prior to your scheduled payment date is required for all holds/cancellations. I understand the YMCA's hold/cancellation policy.

Member signature: _____ Date: ___/___/___

OFFICE USE ONLY:

Hold

Last payment date: ___/___/___
 Next payment date: ___/___/___

Cancellation

Last payment date: ___/___/___
 Expiration date: ___/___/___