



HOLD FORM

Please note that **ALL members on the membership** will be on hold.
To have any members remain active you must fill out an upgrade/downgrade form.

Member's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

E-mail address: _____

Membership Type: _____

PLEASE READ AND SIGN

Membership can be placed on hold for a minimum of 1 month, maximum of 3 months.
(some acceptations apply: see member services for more details)

I understand that in order to hold my membership I must put my request in writing by the 1st of the month to hold my membership for that month.
In addition, I understand my draft will be reinstated on the month indicated below.

Signature _____

Date _____

Staff's Initials: _____

Please Circle Months that you want your membership on hold for:
Holds are effective from the beginning of a month to the end of a month.

Jan Feb March April May June July Aug Sept Oct Nov Dec

Office use only

Comments: _____

Member I.D. _____

Hold/Freeze in comp: _____

Re-Instate draft date: _____