



# Ashland Family YMCA Membership Hold

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Starting and ending on the 1st of the month only. Two month minimum/Six month maximum.

Reason: \_\_\_\_\_

I understand that my membership dues will be automatically withdrawn from my account on the 20th of the month that my membership is reactivated. I understand that if I return prior to the minimum two month hold, I will be responsible for two months of my membership dues. I understand that holds apply to all members on this account and that I can only put my account on hold once per year.

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

*Office Use Only*

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Audited: \_\_\_\_\_ Initials: \_\_\_\_\_

## EARLY HOLD RELEASE AUTHORIZATION

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

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

*Office Use Only*

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

Audit: \_\_\_\_\_ Pc: \_\_\_\_\_