



**MEMBERSHIP HOLD FORM**  
**This is not a termination request.**

**(Form must be turned in at least 5 business days before  
the next draft date for changes to be effective for that draft date)**

**Member Name:** \_\_\_\_\_

**Member/ Card Number:** \_\_\_\_\_

**PLACING YOUR MEMBERSHIP ON HOLD**

Hold starting date (Will begin on your next draft date): \_\_\_\_\_

Hold ending date (Date that your membership will restart) : \_\_\_\_\_

Per YMCA policy, all members will have the option to put their membership on hold for up to three (3) months per calendar year at no charge for reasons such as medical or extended travel. Holds must be requested in writing with appropriate documentation and be approved by the Executive Director.

Please tell us why you would like to place your membership on hold:

\_\_\_\_\_

**By signing this form, I agree to abide by the following guidelines  
regarding my request to place my membership on hold:**

- I understand that my draft will automatically restart after my hold period.
- I understand placing my membership on hold includes any family members on my account.
- I understand that partial month holds are not available at this time.

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

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

Executive Director Signature: \_\_\_\_\_

Membership Director Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_

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