



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA of Marquette County  
**MEMBERSHIP  
HOLD**

**1. CURRENT PRIMARY MEMBER INFORMATION PLEASE PRINT**

First Name \_\_\_\_\_ Mid. Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_

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

**2. PLEASE TELL US YOUR REASON FOR PUTTING YOUR MEMBERSHIP ON HOLD**

- Seasonal
- Insufficient usage
- Schedule conflict
- Other \_\_\_\_\_
- Medical or Health Issue
- Lost motivation
- Too crowded

Comments \_\_\_\_\_

**3. HOLD INFORMATION AND SIGNATURE**

Please place my membership at the YMCA of Marquette County on hold for a maximum of 3 months. I understand there will be a **\$10 processing fee** paid at time of submission. **I understand that bank (EFT) and debit/credit card drafts will automatically resume after the hold end date without notice.** Annual and semi-annual paid memberships will be extended as necessary. If I wish to use the YMCA during the hold period, I must purchase a Day Pass or remove the hold and pay the prorated monthly rate. **Financial Assistance memberships are not eligible for hold.**

- Payment Method** - Must be submitted by **25th** of previous month.

**Draft**

Hold Start \_\_\_\_\_ / 14 / \_\_\_\_\_ Hold End \_\_\_\_\_ / 15 / \_\_\_\_\_

- Semi-Annual or Annual**

Hold Start \_\_\_\_\_ / 1 / \_\_\_\_\_ Hold End \_\_\_\_\_ / 30 / \_\_\_\_\_

**4. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only**

Date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Receipt #** \_\_\_\_\_

Locker Rental Paperwork (Yes/No) \_\_\_\_\_

Copy to Members Yes Declined

YMCA Staff Initials \_\_\_\_\_

**BACK OFFICE**

Date Processed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Initials \_\_\_\_\_