



YMCA of Marquette County - Membership Hold Agreement

Date: _____ Primary Member Name: _____
(Thank you for printing legibly)

Please place my membership at the YMCA of Marquette County on hold for a maximum of 6 months. **I understand that bank 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. **Scholarship memberships are not eligible for hold.**

Drafts: Hold start date: __/7/__ Hold end date: __/7/__

MGH Payroll Deducts **(Stop and start forms needed)**: Hold start: __/1/__ Hold end: __/30/__

Bell Hospital Payroll Deducts **(Start form needed)**: Hold start: __/1/__ Hold end: __/30/__

Reason for hold: _____

Member signature: _____ Phone number: _____

YMCA Staff Initials: __ Copy to member: Yes Declined



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