



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 _____ Preferred Phone _____
Email _____

2. ADDITIONAL MEMBERS ON SAME MEMBERSHIP

Name _____ Name _____
Name _____ Name _____

3. PLEASE TELL US YOUR REASON FOR PUTTING YOUR MEMBERSHIP ON HOLD

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

Other _____

Comments _____

4. HOLD INFORMATION AND SIGNATURE

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.**

Payment via Payroll Deduction, Semi-Annual or Annual - Must be submitted by the **25th** of previous month,

- MGH Payroll
- Bell Payroll

Completed MGH/BELL STOP Form and ENROLL Form Hold start: ____/1/____ Hold end: ____/30/____

Semi Annual & Annual Memberships Hold start: ____/1/____ Hold end: ____/30/____

Payment via Draft - Must be submitted by the **7th** of current month, membership hold starts on the 7th

Hold start: ____/7/____ Hold end: ____/7/____

Signature _____ Date _____

TO BE COMPLETED BY MEMBER SERVICE STAFF

YMCA Staff Initials _____ MGH/Bell Form Faxed _____ Copy to Members Yes Declined

BACK OFFICE

Date Put on Hold ____/____/____ Initials _____