



Membership HOLD Request Form

Please read the following policies and initial each line.

Be a part of Something Greater! Please complete this box to donate your monthly dues to the Annual Campaign.

YES! Please allow my membership to be placed on hold at my regular monthly rate and apply my monthly draft of \$ _____ to be used to scholarship a Child or Family in need of YMCA services. Until I return on _____, I would like my dues to go towards the assistance of one of the following:

- _____ A child in need of Swim Lessons who cannot afford them
- _____ A child who cannot afford to participate in Youth Sports
- _____ An Adult or Senior citizen who cannot afford to be a part of a Wellness Center, but would like to join the Y
- _____ A Single Parent in need of Day Care, Afterschool Care or Summer Camp for their child

By donating your dues to the above cause, you do not need to fill out the bottom section of this form. Please Sign that you agree to donating your monthly dues to give back to the community (This is a Tax Deductible, charitable contribution recognized by the IRS).

Signature Date Staff Initials

Standard YMCA of the Treasure Coast Hold Procedures – Please initial:

- _____ Our Membership Hold Policy applies to those living in Florida on a **seasonal** basis, or those who cannot use the facility due to a **medical** condition (proof is required)
- _____ To activate your hold this form must be received at least 10 days prior to your next draft date.
- _____ The maximum time of hold is up to 11 months per year. The minimum time of hold is one month. Hold time periods are available in monthly increments only, which must start and stop on your membership payment date (1st or 15th of the month)..
- _____ Your account will be **automatically** drafted the regular monthly membership rate after the 11-month period or the specified resume date.
- _____ You will **NOT** receive notification from the YMCA regarding the reinstatement of your regular monthly membership draft amount.
- _____ It is your responsibility to cancel your membership in writing if you decide not to return from your hold. Refunds will **NOT** be issued for any dues drafted if you fail to cancel your membership in writing.
- _____ You will be charged an administrative monthly hold fee of **\$ 2** which will be automatically drafted from your account

Last Name First Name Middle Initial

Local Address Please check this box if this address is different than the one listed on your YMCA Membership

City State Zip Code

Phone Email

Date to activate hold _____ **Date to resume membership** _____

(Must start on day of the month membership fees are drafted or due) (Date Required) – 11 Months Max

MEMBER'S SIGNATURE _____ Date: _____

STAFF'S SIGNATURE _____ Date: _____