GREATER MISSOULA FAMILY YMCA
MEMBERSHIP HOLD FORM

We build strong kids, strong families, strong communities.

In accordance with the Membership Application Agreement, regardless of how a membership is paid for, written notice must be given to the Missoula Family YMCA by the **LAST DAY** of the month to place a membership on hold beginning the following month.

DATE:_____/_____/_____ **PRIMARY MEMBER'S NAME:**_____

HOME NUMBER:_____ **CELL/WORK NUMBER:**_____

TYPE OF MEMBERSHIP: *Please choose one.*

☐Youth (7-18 years) ☐Young Adult (19-29 years) ☐Adult (30-61 years) ☐Senior (62 years & older)
☐Couple   ☐Senior Couple   ☐Family   ☐Individual w/Disability

REASON FOR HOLD: *Please check one.*

☐Medical

☐Student Leaving Missoula for the Summer

☐Working Out of Town: *Are you aware of the AWAY program?*

☐Other (requires approval by the Membership Director):_____

TERMS OF MEMBERSHIP HOLD: *Please read and initial next to each statement.*

_____I understand that I may place my membership on hold for up to six (6) months without having to pay membership dues.

_____I understand that I may not use the Missoula Family YMCA facilities or receive any program discounts while my membership is on hold.

_____I understand that I may reactivate my membership at any time within the six (6) month period and will be responsible for paying any prorated dues in order to resume use of the Missoula Family YMCA facilities and programs.

_____I understand that after a period of six (6) months my membership will **AUTOMATICALLY BE REINSTATED** and I will be responsible for paying any and all dues that accrue on my membership account.

_____I understand that after six (6) months if I do not wish to resume using my membership I must complete a Membership Cancellation Form in person at the Missoula Family YMCA in order to terminate any further dues from being accrued on my membership account.

_____I agree to the terms of the Missoula Family YMCA's Membership Hold.

SIGNATURE:_____ **DATE:**_____/_____/_____