



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CONTINUOUS MEMBERSHIP CANCELLATION/HOLD FORM

Cancel Membership – please circle reason

Cancel for summer
Medical Reasons
Relocation

Cancel for winter
Monetary Reasons
Not using facility

Insurance no longer covers
Switching to another facility
Other _____

_____ I UNDERSTAND THAT BY COMPLETING THIS FORM, MY DRAFT WILL STILL OCCUR FOR THE CURRENT MONTH, BUT WILL NOT HAPPEN NEXT MONTH.

Stop my gift for the annual campaign

_____ I UNDERSTAND THAT BY COMPLETING THIS FORM, MY DRAFT WILL STILL OCCUR FOR THE CURRENT MONTH, BUT WILL NOT HAPPEN NEXT MONTH.

Hold Membership for 3 - 4 - 5 monthly drafts.

_____ I UNDERSTAND THAT BY PUTTING MY MEMBERSHIP ON HOLD TODAY, THE DRAFT FOR THE CURRENT MONTH WILL STILL OCCUR AND MY MEMBERSHIP WILL BE CURRENT UNTIL THE END OF THIS MONTH. My membership will restart on the 1st of (enter month it should be reactivated) _____ and the next draft will occur on the 15th of that month.

DO YOU HAVE A LOCKER? YES/NO IF YES, PLEASE REMOVE ALL ITEMS.

I WOULD LIKE TO KEEP MY LOCKER FOR \$5.00 A MONTH.

PLEASE PRINT MEMBER'S NAME

DATE

SIGNATURE

PHONE NUMBER

BIRTH DATE OF MEMBER