



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

MEMBERSHIP HOLD

1. CURRENT PRIMARY MEMBER INFORMATION PLEASE PRINT

First Name _____ Mid. Initial _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____ Member ID _____
 Phone _____ Email _____

2. AUTHORIZED REASON FOR ACCOUNT HOLD

- Seasonal Residence in a different location (must provide proof of residency out of the area)
- Medical (must provide note from a physician stating member is unable to use the facility)
- COVID temporary facility closure
- Other (please explain, we will determine if this is an approved reason) _____

Comments: _____

3. HOLD INFORMATION AND SIGNATURE

Please place my membership at the **Fulton County YMCA** on hold for a maximum of 4 months. I understand there will be a **\$ 15 processing fee** paid at time of submission. I understand that bank (EFT) and debit/credit card drafts will automatically resume after the hold end date without notice. Annual prepaid memberships will be extended as necessary. Medical holds may extend longer than 4 months if stated in physician's note.

Hold Start ____ / ____ / ____ Hold End ____ / ____ / ____

Annual

Hold Start ____ / ____ / ____ Hold End ____ / ____ / ____

4. SIGNATURE _____ **DATE** _____

For Office Use Only

Date received ____ / ____ / ____ Receipt # _____

Locker Rental Paperwork (Yes/No): _____ YMCA Staff Initials: _____

Copy to Members Yes Declined

BACK OFFICE

Date Processed ____ / ____ / ____ Initials _____