



DOW BAY AREA FAMILY YMCA

MEMBERSHIP HOLD AGREEMENT

I agree to participate in the hold/leave of absence membership plan and I have reviewed the following items:

- I understand that I may choose to place my membership on hold of a maximum of 6 continuous months within a one-year period. I also understand that a hold membership is only available to members who have been a member in good standing longer than 1 year.
- Memberships are put on hold beginning on the member's monthly draft date, not on a calendar month.
- I authorize the YMCA to withdraw:

Senior Members 65+
 Up to 6 months free _____ to _____

\$0 for 3 months beginning _____ to _____

\$20/each month after that _____ to _____

Membership will become active: _____

- I agree that upon completion of the hold status, my anniversary date and draft deductions will resume at the current monthly association rates, without being charged a joining fee.
- I understand that while my membership is on hold, I have no membership. privileges and will not receive member pricing for programs.
- I agree that if for any reason I wish to change the status of my membership, **I MUST GIVE THE YMCA WRITTEN NOTICE 14 DAYS IN ADVANCE OF MY EFT DATE.** I am responsible for payment of draft if 14 days notice is not received.

Print Name: _____

Member #: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Completed By: _____