



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AKRON AREA YMCA

Membership Hold Form

PRIMARY MEMBER

Name		Email	
Address		Phone Number	Date of Birth

HOLD TYPE AND LENGTH (Choose only one)

Maximum Hold is 6 Months

<input type="checkbox"/> Standard Hold Max of 6 months	_____ months	Don't have time to come in, but want to continue the work out at home? Try our Virtual Y Membership! <input type="checkbox"/> YES, sign me up! \$10.00/month draft will start ____/____/____ <input type="checkbox"/> NO, thank you. <small>Virtual Y members should call your home branch when you are ready to come back to return to your facility membership type.</small>
<input type="checkbox"/> Medical Hold More than 6 months please see Director	_____ months	
<input type="checkbox"/> Community Illness Max of 6 months	_____ months	

HOLD GUIDELINES

We understand that sometimes you need to take a break and we want you to come back to us when life returns to normal. By putting your membership on hold you can avoid your startup fee when you return. Keep these important guidelines in mind when putting your membership on hold.

- Holds take effect at the beginning of the next draft cycle with 24 hour notice.
- Your membership dues draft will automatically resume on the date indicated.
- Annual invoice members will have their annual renewal date moved back to match the hold duration.
- While on hold, members will not have access to YMCA membership facilities.
- While on hold, program registration fees will be at the non-member rate.

HOLD AGREEMENT

I hereby request that my membership to the Akron Area YMCA be placed on hold as indicated above. I understand that I must submit this form and receive a hold start date from a staff member least 24 hours prior to my membership draft date in order to make any changes to my automatic withdraw. Members participating in payroll deduction with their employer may require up to 2 additional weeks notification. Failure to do so will make subsequent drafts non-refundable.

- I understand that my automatic dues draft will resume on the date indicated.
- I understand that my membership will not be put on hold until a YMCA employee provides a Hold Start Date and Draft Resume Date.
- I understand that my automatic draft will not be held until I receive a final draft date from a staff member. If I do not submit this hold form in-person, my hold may take longer to process and it is my responsibility to confirm that the form was received by YMCA staff members.

Signature

Date

STAFF USE ONLY

Draft Day of Month

1st 15th

Hold Start Date

____/____/____

Draft Resume Date

____/____/____

Unit ID

Received By

Audited By

We're More than a place. We're a cause

www.akronymca.org

Mission: to put Christian Principles into practice through programs that build a healthy spirit mind and body for all

