

**YMCAs of the Wabash Valley, Inc.
Membership Temporary Hold Form**

Name: _____ Date of Birth: _____

Best phone number to call: _____

This written notification that I wish to place my membership on temporary hold:

_____ **Clay County YMCA**
_____ **Vigo County YMCA**

The reason for the Temporary Hold request is: (Please be specific)

Date to begin the hold: _____

Date to stop the hold: _____

Date of next scheduled draft: _____

As stated in my original paperwork, I understand that **if** I am signing this prior to the end of my membership commitment, **these months will not be counted as completion of my one year membership commitment.**

I also understand that if I need to continue the temporary hold on my account that I will have to complete an additional form and contact the YMCA Branch Director.

Member's Signature

Date

For Office Use Only:

I reviewed this request for a temporary hold with the member and discussed any existing balances or outstanding membership commitment with them.

Staff Signature _____ Date: _____

Staff Processing Request: _____ Date: _____