

## YMCA of Greater Hartford Membership on Hold Agreement

First Name (please print clearly)			Last Name (please print clearly)	
Address:				
Town/City:	S	tate: Zip C	ode:	
The YMCA of Greater Hartfo	rd agrees to put	the above membe	r's membership on hold:	
Begin Hold Month: Return to Y Month:			-	
Reason for Hold (check one):	Medical 🗖 Scho	ool 🗖 Vacation (	☐ Work ☐ Other	
I understand the following te	erms and condition	ons apply (initial ead	ch statement):	
to three consecutive  2. While a membership  3. While on hold, any proceed to the second of the seco	months is on hold, month cogram registration ges are suspende h an active membes using Reciproca good standing (r y nor constitute a automatically be	(initial)  Inly membership fe  ons will be charge  ed; member's gues  ber and pay the g  city and A.W.A.Y p  no outstanding inva  a cancellation of a	es will not be collected.  d at the non-member rate.  t passes may not be used.  uest with member day pass forogram are suspended while  voices) can be put on hold.  membership.  1st  (month)  Ily be charged \$	(initial) (initial) Members who are on Fee (initial) on hold (initial) (initial)
Member Signature:			Date:	
			lays prior to draft date** ted for medical holds.	
	MEMBE	R SERVICE STAFF	TO COMPLETE:	
Member Account #:			Draft Date:	
New Expiration Date:	(Only fo	or memberships paid a	nnually)	
Member Received a Copy	_ (MSR initials)	Staff Initials:	Date:	-

YMCA OF GREATER HARTFORD

QUESTIONS, EMAIL friends@ghymca.org

www.ghYMCA.org