



YMCA of Greater Hartford Membership on Hold Agreement

First Name: _____ Last Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

The YMCA of Greater Hartford agrees to put the above member's membership on hold:

Begin Hold Month: _____ **Return to Y Month:** _____

Reason for Hold (*check one*): Medical School Vacation Work Other

I understand the following terms and conditions apply (initial each statement):

1. A membership to the YMCA of Greater Hartford can be put on hold one time per calendar year, without membership fees being collected, for a full one to three consecutive months. _____ (*initial*)
2. An option to add 3 consecutive months to a hold is available for \$10/month. _____ (*initial*)
3. While on hold, any program registrations will be charged at the non-member rate. _____ (*initial*)
4. All guest pass privileges are suspended; member's guest passes may not be used. Members who are on hold may come in with an active member as their guest. _____ (*initial*)
5. All visiting Y privileges using Nationwide Membership are suspended while on hold. _____ (*initial*)
6. Only memberships in good standing (no outstanding invoices) can be put on hold. _____ (*initial*)
7. A hold does not imply nor constitute a cancellation of membership. _____ (*initial*)
8. The membership will **automatically be reactivated** on 1st _____ (month) and at that time, the member's account will automatically be charged \$ _____. _____ (*initial*)

Member Signature: _____ **Date:** _____

* A doctor's note may be requested for medical holds.

This form may be submitted by email to friends@ghymca.org

MEMBER SERVICE STAFF TO COMPLETE

Member Account Number: _____ Draft Date: _____

New Expiration Date: _____ (*Only for memberships paid annually*)

Member Received a Copy _____ (*MSR initials*) Staff Initials: _____ Date: _____