



Today's Date

Membership Hold Request

Annual Monthly

MEMBER INFORMATION

First M.I. Last

Address City State Zip

Phone Email

- I understand that I must submit, in person, a written notice prior to the 20th of the month in order to be processed in the current month. Requests received the 21st or later will be process the following month.
- I understand I am liable for all fees associated with the period of time during my Hold period.
- I understand I can put my membership on hold with the proper notice up to 5 months every calendar year.
- I understand that the months I am holding must be consecutive.
- **I understand I will be billed \$10 per month during the Hold period and am providing EFT or payment in that amount**
- I understand that anyone on this membership may not use the facility during this period without paying the proper fees.
- I fully understand my membership will activate on the date below automatically and I will be billed my regular monthly dues (if monthly membership).

Last Regular Draft Date: / / Hold Start Date: / / Membership Reactivation Date: / /

(if Annual Membership) New Expiration Date: / /

Member Signature: Date: / /

REASON FOR HOLD REQUEST

To help us ensure quality programs and positive experiences at Safari Island Community Center, **please describe your decision for the Hold Request:**

OFFICE USE

Received by (print staff name) Date: / /

Processed by (print staff name) Date: / /

Payment during hold period: Checking EFT Credit/Debit Card Cash/Check in the amount of _____