



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 \_\_\_\_\_



## Credit Card Authorization

**Safari Island Community Center**

1600 Community Dr

Waconia, MN 55387

Phone: 952.442.0695

Fax: 952.442.0692

**Name**

---

**Billing Address**

**City**

**State**

**Zip**

---

**Phone**

**Email**

---

**Type of Card (please check one)**

- Visa
- Mastercard
- American Express
- Discover

**Amount being charged \$**

**Card Holder Name**

---

**Card Number**

---

**Expiration Date**

**Card Verification Code (CVV)**

---

**Description of Charge being authorized**

---

---

**I hereby authorize Safari Island Community Center to charge the above named fees to my account.**

Signature:

Date: / /

---

*Note: Card will immediately be charged when processed. Information will be shredded.*