



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Draft Hold Form

(Not meant for Annual memberships)

Name (print): _____ Birthdate: _____

Address: _____ Telephone#: _____

City: _____ State: _____ Zip: _____

Please complete this box if you are PUTTING YOUR MEMBERSHIP ON HOLD:

I would like to put my membership on hold from ____/15/____ to ____/15/____

Member Initials _____

Holds are not a notice of termination. Member Initials _____

I understand that my membership needs to be active in order to register for programs, teams, and childcare.

Member Initials _____

Monthly membership dues will automatically begin drafting from my existing account on ____/15/____*

*Resume date must match end of hold date

Member Initials _____

I understand that my draft will resume on the date above automatically unless given written notice to the Glens Falls Family YMCA by the 7th of the month in which I want to resume

Member Initials _____

Member Signature: _____ Date: _____

Office use only:

Date Received: _____ Staff initials: _____ Date Processed: _____ Staff initials: _____