



For Youth Development  
For Healthy Living  
For Social Responsibility

## Credit Card Monthly Membership HOLD Form

Membership #: \_\_\_\_\_ Membership Type: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for Hold: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please complete form with the reason for the hold and the date you wish to start and end your hold.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	
Date Received: _____	Staff Initials
Membership Expiration Date: _____	