



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## MEMBERSHIP ON-HOLD APPLICATION For Non-Medical Reasons

Once in a 12-month period, members are allowed to put their membership "on-hold" for a period of up to four months, at no additional charge. No On-Hold will be approved for periods of less than one-month.

Date \_\_\_\_\_ Phone \_\_\_\_\_ Member ID# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Leaving Town \_\_\_\_\_ Approximate Return Date \_\_\_\_\_

Number of Months On-Hold: \_\_\_ One \_\_\_ Two \_\_\_ Three \_\_\_ Four

**Agreement:** By filling out this Membership On-Hold Application, I understand that my membership will be activated, my credit/bank draft automatically resumed based upon the above number of months On-Hold regardless if I pick-up my membership card or not. As a full pay member I understand my membership will be extended based on the above out-of-town days.

**Membership ID Cards:** Must be turned in to the YMCA until you return.

Membership Card Returned to Staff \_\_\_\_\_ Staff Initials \_\_\_\_\_  
(Card to be held at MSD) (Staff Name)

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

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

---

FOR OFFICE USE ONLY REVISED 4/13/2020

On-Hold Date: \_\_\_\_\_ Reactivation Date: \_\_\_\_\_ Draft Begin Date: \_\_\_\_\_

480 Main Street  
Winsted, CT 06098  
860-379-0708

**NORTHWEST CT YMCA**  
259 Prospect Street  
Torrington, CT 06790  
860-489-3133

77 S. Canaan Road  
Canaan, CT 06018  
860-824-2790