



# Winona Family YMCA Membership Hold Form

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Email completed form to [info@winonaymca.org](mailto:info@winonaymca.org) or return to our front desk

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M / F / NB Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### HOLD OPTIONS

<input type="checkbox"/> HOLD - Medical/Health Related. (Physician's Note Required) 1-12 MONTHS No Fee	<input type="checkbox"/> HOLD - Seasonal/Other 1-6 MONTHS \$10.00/month
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Month to Begin Hold \_\_\_\_\_ Month to Resume Membership \_\_\_\_\_

### TERMS *(initial in acknowledgement)*

- \_\_\_\_\_ **I understand I must give seven (7) days advance notice prior to the draw on my membership for this hold to be effective.** Please place my membership at the Winona Family YMCA on hold as indicated below. If I wish to use the Winona Family YMCA during the hold period, I must purchase a Daily Membership or remove the hold and pay the prorated monthly rate. Annual and semi-annual paid memberships will be extended as necessary.
- \_\_\_\_\_ I understand the EFT/debit/credit card drafts will automatically resume after the hold end date without notice.
- \_\_\_\_\_ If I wish to use the Winona Family YMCA during the hold period, I must purchase a Daily Membership or remove the hold and pay the prorated monthly rate.
- \_\_\_\_\_ When my membership is on hold, I understand it will be considered in an inactive state.

### LOCKER OPTIONS

Locker # \_\_\_\_\_

A limited number of lockers are available for rental. During the membership hold, if you choose to stay in your current locker, the rental fee is required. Indicate below if you would you like to maintain your locker during the Hold period. If you are not maintaining your locker during the Hold period it is not guaranteed at your return.

<input type="checkbox"/> Yes, I will keep my locker and I understand payment will be drawn out of my account.	<input type="checkbox"/> No, I do not wish to maintain my locker and will remove the items prior to the hold period.
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### PAYMENT OPTIONS

<input type="checkbox"/> I give authorization for the hold payment(s) on the account linked to my membership and will drawn on monthly basis.	<input type="checkbox"/> I will prepay my hold fees, locker fees if applicable, and no charges will be made on my account until the membership resumes.
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Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Staff Use</b>	<input type="checkbox"/> Scanned/verified photo ID	<input type="checkbox"/> Updated Info in Daxko	<input type="checkbox"/> Signed and initialed
Member ID _____			
Date Received _____	Staff initials _____	Date Processed _____	Staff initials _____
Notes: _____			