

Membership HOLD

*Please confirm that ALL family members are requesting a HOLD,
if not please use DROP OFF form.*

Members Name: _____ Date of request: _____

Member would like to put their membership ON HOLD for _____ month(s)*,
effective _____, recommencing on _____.

*** Hold Option on Annual Contracts only; 2 months: 5+ yrs member
1 month: under 5 yrs**

- Member has been advised of the \$20 per month hold fee (\$10 Silver Advantage).
- Member has been advised that we will add "deferred" months to the end of contract.
- Member has been advised hold date must coincide with billing date.

Member's signature: _____ SVAC Signature: _____

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Internal Use Only

(MSD Staff: please check off to confirm steps have been completed)

- Hold Fee applied to account YES / NO
- Hold Fee payment taken YES / NO
- Expiry date adjusted YES / NO If YES, original expiry was: _____
- "Next Dues Post" date adjusted YES / NO

Comments: _____

 Locker Billed during hold period.

Checked by: _____

Date: _____