



Membership Hold Request

Dear valued member,

According to the Sheltering Arms Member Handbook that you signed upon joining our facility:

“You may request to have your membership subscription placed on hold. Requests are approved on a case-by-case basis. You must provide a signed Physician’s note with the start date and anticipated return date. Qualifications: Medical procedure and/or hospitalization documented with a physician’s note, financial hardship, or life altering event. General illnesses do not qualify.

The hold period begins immediately upon approval from management and notification to you. You may be allowed to place membership on hold at a maximum of twice a year for a nonconsecutive period of 3 months at a time. You will not have access to facilities during a hold period. Payments will be collected immediately following the end of the 3-month period and membership will resume. You may cancel membership at the end of a holding period, but 30 days’ notice is still required. Membership will end after final payment is collected.”

Please complete the form below and submit all documentation to the Health and Wellness Manager. You will receive confirmation of your hold period once approved by management.

To be completed by member only

Full Name: _____ Date Submitted: _____

Please check the following applicable boxes

Membership type:

- Adult Family

Specific amount of time requested:

- One month Two months Three months

Reason for hold:

- Hospitalization Surgery Medical Procedure Recovery period
 Other medical condition/reason Financial Hardship Life Altering Event

Detailed explanation of circumstances preventing you from utilizing your membership:



Doctor's note attached: Yes (*Required for approval and must include dates, procedure/reasoning, and date anticipated to return to using membership. Medical clearance may be required prior to returning to gym or pool.)

Member signature: _____ **Date:** _____

To be completed by manager only

Membership start date: _____ Date received: _____

Approved

Denied

Reason for denying: _____

Medical Clearance needed prior to reinstating membership?

YES

NO

Reason: _____

Manager signature: _____ **Date approved:** _____

Confirmation sent to member YES NO Date: _____ Scanned into Rec Trac: YES