

Membership Hold Request

Member Name: _____ Today's Date: ____ / ____ / _____

Reason for hold:

- Medical [_____]
- Relocation (>30 miles away for >60 days)
- Other: speak to ownership

Hold Start Date: ____ / ____ / _____

Reactivation Date: ____ / ____ / _____

Fitaholic Fitness Membership Hold Terms & Conditions:

____ Hold requests will be activated...

Medical: immediately

Relocation: at the start of the next full membership billing cycle after the date the form is received.

____ I understand that my membership dues will be charged starting on the Reactivation Date indicated above.

____ To reactivate your membership earlier than the date indicated above, you are welcome to e-mail hello@fitaholicfitness.com to have your membership hold removed early.

I have read, understood and agree to the above Terms and Conditions:

Member Signature: _____ **Date:** _____