Print Name(s):_____Account #: _____

Hold-Cancellation Form

I understand and agree that my account must be paid in full before a hold on my account is able to go into effect. **X_____**

I understand and agree if my membership is on hold for more than 12 months (subject to change), my membership is considered cancelled, and I may be subject to paying an initiation fee to rejoin. As an annual member I will lose any remaining time on my membership. ***X_____***

I understand and agree that the hold status can only be granted for a minimum period of 4 weeks (subject to change) or a maximum period of 12 months. X_____

All information below must be completed in order for this form to be processed.

Circle One: **Temporary Hold** **Cancel Membership** (Annuals ONLY)

If canceling, please indicate reason: _____

Date for hold status/cancellation to begin: _____

MONTHLY MEMBERSHIPS: A **$25.00 reactivation fee** (subject to change) will be charged upon reactivation.

ANNUAL MEMBERSHIPS: No reactivation fee (subject to change) applies.

LOCKERS: Cannot be placed on hold. These must be paid for if you wish to keep your locker.

_____ _____

Signature Wellness Staff Signature

By signing this form, the member understands and agrees to the hold policy as outlined above. PLEASE RETAIN YOUR COPY – IT WILL BE **REQUIRED IN THE EVENT OF ANY DISCREPANCY. The copy must be dated and signed by a Wellness Staff member to be valid.**

STAFF USE ONLY BELOW:

PREVIOUS BALANCE:_____	CASH GC CC	
X's Initialed: _____	Address Updated:_____	**ANN. TIME: _____M_____D**
Status Updated: _____	Hold Date Entered: _____	
Rep. Removed: _____	Acct Balance $0: _____	Linked Account: _____
Expiration Date: _____	Notes Entered: _____	Code Entered: _____

Wellness Center North (Whitaker), 2330 Immokalee Rd, Naples, FL 34110 *PHONE #: (239) 596-9200* *FAX #: (239) 597-8071*
Wellness Center South (Briggs), 399 9th St. N, Naples, FL 34102 *PHONE #: (239) 436-6770* *FAX #: (239) 436-6780*