



Silver Membership Suspension Request Form

Primary Name on Membership: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Pass Type: Family Couple Individual Senior Charter

Effective Stop Date: _____ Effective Re-Start Date: _____

Reason:

I understand that I may suspend my membership once a year for a time period not to exceed 90 days. In this instance a year is defined as one calendar year from the initial start date of your membership. I understand by doing so I will be charged a \$25 fee which must be paid at the time I request the suspension. Suspending a membership will suspend all individuals under that membership.

Signature: _____

Date: _____

For Office Use Only:

Membership start date: _____ Has the membership been suspended this year? _____

Suspension Fee Payment Method (if applicable): _____

Date Changes Made: _____ Entered By: _____