



# Membership HOLD Request Form

Includes: Pre-Authorized Debit and Monthly Billing

**PLEASE READ THE ENTIRE Hold Policy:** •Minimum 30 days notice is required to request a hold on Fitness Memberships and Pre-Authorized Debits. •Only 12 month passes can be put on hold for a minimum of 1 month and a maximum of 2 months per 12 month agreement. •Documentation/doctors note is required for extended hold periods longer than 2 months. •**You are still committed to the details of your original agreement and 12 monthly payments; your expiry date will be extended for the time your membership is on hold** •All outstanding amounts and dues must be paid prior to hold approval. •A designated NSC Staff Signature is required on this form before hold requests are approved. •No back dating hold requests.

**1) Member Requesting hold (One hold form per person please):**

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**2) Duration of Hold:** I would like to place my 12 month pass on hold for (please check one):

1 month                       2 Months                       Medical \_\_\_\_\_ Approx. Time Period  
\*A medical note is required for Medical Holds

**3) Hold Period:** ► Hold Start Date: \_\_\_\_\_ ► Return Date: \_\_\_\_\_

**4) Monthly Dues:** **\*\*Your monthly dues will continue to come out on the first of each month during the Hold Period.** Your original expiry date will be extended by the duration of your hold request (maximum of 2 months).

**5) Reason:** Please tell us briefly why you would like to place your membership on hold:

\*\* \_\_\_\_\_

**I understand that my Monthly Dues will continue while my membership is on hold. I understand that the hold details on this form are not finalized until reviewed and signed by a designated NSC Staff member.**

**By signing this form, I agree to abide by the extension of the original “Fitness Centre Agreement” and the Hold policy and guidelines listed above.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date Member signed

**Office Use Only**

\_\_\_\_\_  
Designated Staff Authorization

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Original Expiry Date

Comments: \_\_\_\_\_

\_\_\_\_\_  
Adjusted Expiry Date