By signing this form, the member understands and agrees to the hold policy as outlined below.

**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.

<table>
<thead>
<tr>
<th>Please print name of each individual account going on hold:</th>
<th>Membership Type</th>
<th>Scan Tag #</th>
<th>Date of Hold</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monthly / Annual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Monthly / Annual</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you renting a locker?  
Lockers #:  
Is your membership payroll deducted?  
Company Name:

EMAIL  
PHONE

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I acknowledge and agree to the following terms and conditions outlined in this Hold Form with my signature below:

- Accounts must be paid in full prior to being placed on hold.
- Scan cards are required at check-in. Replacement scan cards are $10.00.
- Locker rentals may not remain active with an inactive membership status. Contents must be removed prior to hold date. Any items left in locker after hold date will be considered “abandoned”, held for 30 days, and then donated to a local charity.
- This Hold Form serves as notice that member is aware of and agrees to NCH Wellness Hold Policy.

**Monthly Membership**

- Holds may be placed for monthly accounts after pro-rated dues and full month bill have been paid. The last month is not prorated.
- Completed hold Forms must be submitted by the 25th of the month to avoid being billed for the following month. Refunds will not be provided for hold forms received after this date.
- A $25.00 reactivation fee will be charged upon reactivation for EACH monthly membership/account being reactivated from a hold status.

**Annual Membership**

- No reactivation fee will apply to annual members ONLY.
- Annual lockers will receive remaining locker time upon reactivation.
- Annual memberships placed on hold for more than 12 months will be automatically cancelled. If an annual hold exceeds 12 months, the time remaining is forfeited. Annual members will lose remaining time and will not receive a refund.

I have read and understand all ramifications of this request.

Member Signature_________________________________________ Date_________________________

Wellness Staff Signature___________________________________ Date_________________________

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Staff use below only:

<table>
<thead>
<tr>
<th>NOTES:</th>
<th>ANNUAL LOCKER TIME</th>
<th>ANNUAL MEMBERSHIP TIME</th>
</tr>
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S:/Wellness/Forms/Editable Forms/Hold April 2020