

Membership HOLD Request

Primary Member Name: _____ Birth date: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Members to be put on hold: _____
(Please list all names)

Reason for Hold:

Medical _____
I understand the medical hold requires a doctor's note. **Initials** _____

Travel _____
I understand the travel hold is for a minimum of 2 months and a maximum of 12 months. **Initials** _____

Date of Inactivation: _____

Date of Reactivation: _____

I authorize The Wave to begin deducting \$ _____ in dues on _____ 1, _____. **Initials** _____
(Month) (Year)

I understand dues will not be refunded after the reactivation date for non-use. **Initials** _____

I understand that if my current dues are being billed by statement, \$10 will be due now. **Initials** _____

I understand that if my current dues are drafted, \$10 will be taken out on the 1st. **Initials** _____

All requests must be submitted in writing 5 days prior to the 1st of the month. No holds will be accepted over the phone. Your membership may be placed on hold for a minimum of 2 calendar months to a maximum of 12 calendar months.

Primary Member Signature: _____ Date: _____

Current payment for dues: (Circle one): EFT Credit Card Statement

Staff Name: _____ Date: _____

(Printed)



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