



Membership TRAVEL SUSPENSION

ONE WEEK notice before draft date required

Today's Date: _____

My Draft Date: _____

First Name: _____

Last Name: _____

Date of Birth: _____

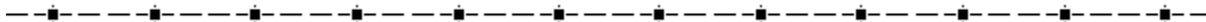
Phone Number: _____

I am suspending my New Canaan YMCA member privileges and agree to not use the YMCA during my suspension period. **A \$25 monthly service fee will be drafted in lieu of my membership fee. My membership fee will be reactivated automatically after the suspension cycle.**

Number of months: One ____ Two ____ Three ____ Four ____

If you have any questions, you may contact Laura Ryan, Membership Administrator:
lryan@newcanaanymca.org or 203-966-4528 ext.166

Signature: _____



Front Desk Staff:

Initials: _____ **Date:** _____