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 ___

Please direct questions to Laura Ryan, Membership Administrator: lryan@newcanaanymca.org
(203) 920-1629

Signature: _____

Front Desk Staff:

Initials: _____ **Date:** _____