

MEMBERSHIP HOLD REQUEST

Household Information

Head of Household (first, middle & last)		Household ID
Street Address	City	ZIP code
Home Phone	Work Phone	Cell Phone

Household Members

I.D. #	Name (first, middle & last)	Date of Birth	Grade	Gender
Head of H/H (01)				M F
Spouse (02)				M F
Dependent/HH Mbr (03)				M F
Dependent/HH Mbr (04)				M F
Dependent/HH Mbr (05)	additional monthly fee			M F
Dependent/HH Mbr (06)	additional monthly fee			M F
Dependent/HH Mbr (07)	additional monthly fee			M F
Dependent/HH Mbr (08)	additional monthly fee			M F

E-mail *(please provide one e-mail address for each household member over the age of 18)*

I.D. #	E-mail (please print)
Head of H/H (01)	
Spouse (02)	

Is all of the information above what we have on file for your household?

YES NOT SURE NO. If no, please mark what is new so we can update our records and be ready for your return.

Request for Hold on Membership

<p>FROM DATE: _____</p> <p>TO DATE: _____</p> <p>NUMBER OF MONTHS: _____ <i>(no limit)</i></p>	<p>REASON: <input type="checkbox"/> Medical (no fee; doctor's note required)</p> <p> <input type="checkbox"/> Other (\$10 per month)</p>
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Request for Reinstatement of Membership

Please reinstate my membership as of (date): _____ . Original hold date: _____

I understand that the hold or reinstatement reflected above will change the monthly membership fee charged to my account. I hereby authorize the City of Mason to initiate debit entries for any hold or reinstatement fees, including any adjustments that are necessary to make the changes I have requested above, and to initiate, if necessary, credit or debit entries for any entries in error to my account on record. I additionally authorize the financial institution or credit card to debit or credit the same to the account on record. I understand that at such time as my membership is reinstated, I will be charged the rate in effect at the time of reinstatement. This authority is to remain in effect until revoked in writing through the subscriber cancellation process.