



**CONFIDENTIAL**  
**MEMBERSHIP ON-HOLD REQUEST**

Last Name *(print)* \_\_\_\_\_ First Name *(print)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ I am requesting that the Oak Brook Park District place my membership on hold for a period of \_\_\_\_\_ months, starting \_\_\_\_\_, 20\_\_\_\_ and reinstating my membership on \_\_\_\_\_, 20\_\_\_\_. I understand that the on hold fee is half of my membership fee per month that my membership is on hold. The total fee for my on-hold request is \$\_\_\_\_\_. \_\_\_\_\_ (initials). I understand that On Hold requests will only be approved for up to 4 consecutive months in a 12-month period.

\_\_\_\_\_ I am requesting a medical hold for my membership for a period of \_\_\_\_\_ months, starting \_\_\_\_\_, 20\_\_\_\_ and reinstating my membership on \_\_\_\_\_, 20\_\_\_\_. I have also included documentation from my Physician verifying my need to place my membership on hold. The Oak Brook Park District will not grant a medical hold without documentation from a Physician. I also understand that the on-hold request will extend the expiration date of my membership by the number of months my membership is on hold. \_\_\_\_\_ (initials)

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Please do not write below this line. For office use only.

Membership Plan: \_\_\_\_\_ Type: \_\_\_\_\_

EFT Billing Date: \_\_\_\_\_

Method of payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit card (choose one):  
O Discover      Visa      MasterCard      American Express

Date Paid: \_\_\_\_\_ Transaction Number: \_\_\_\_\_

Oak Brook Park District Representative Name (print) \_\_\_\_\_

Oak Brook Park District Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

New Expiration Date: \_\_\_\_\_