



Western Racquet & Fitness Club Membership Interrupt Form

You may interrupt your membership for a maximum of three months. If you are interrupting your membership for a medical reason, you will be required to submit a statement of medical condition from your physician. All three-month medical interruptions are done at no charge, but please note that while medical interruptions are permitted, you are still responsible for the full amount of the membership dues that coincide with the term of your agreement.

Non-medical interrupts are allowed, but are subject to a \$10/month charge and are limited to a three month period. After the allowed interruption, you are still responsible for the full amount of the membership dues that coincide with the term of your agreement.

If your monthly payment has been stopped for an interruption, it will automatically be reactivated at the end of the three month period. If your situation requires more time, you must reapply for a second three month interruption period by again completing and submitting this form.

Name: _____ Date: _____

Street: _____ City/State: _____ Zip: _____

Primary Phone #: _____ E-mail: _____

Member Number: _____ Membership Type: _____

Reason for Membership Interruption: _____

Medical | No Charge

Non-Medical | \$10/month

Statement from physician attached?

Bill Monthly Pay in Full

Yes No

Dates of Interruption: _____ to _____

Signature: _____ Date: _____

OFFICE USE ONLY

New Expiration Date: _____

Approved By: _____ Date: _____