



Membership Pause or Medical Hold

Email to: guestservices@tricocentre.ca

Effective Date
OFFICE USE ONLY

Membership Type (choose one)

- Adult Senior Adult or Senior Couple Family: 1 Adult Family: 2 Adult
 Student Youth Child Kids Korner

Primary Member Name _____

Pass # _____

Phone # _____

Email _____

Pause Your Membership with only 3 business days' notice

I would like my pass paused FROM (date) _____ TO (date) _____

- Pauses must be in 1 month increments and cannot be back dated.
- All patrons included in the pass will be placed on pause.
- Credit card on file must be up-to-date.

Signature _____ Date _____

Place a Medical Hold on Your Membership (medical note required)

1. I need to place my pass on hold for medical reasons starting on (date) _____

My medical note is attached

NOTE: All patrons included in the pass will be placed on hold. Please choose option 1 or 2

1. Pause all pass holders OR

2. Set up a new pass at the current rate for Name _____

2. I was unable to use my pass for medical reasons

FROM (date) _____ TO (date) _____

My medical note is attached

Signature _____ Date _____

OFFICE USE ONLY:

Date of Next Payment _____ Type of Pass: Monthly Continuous Annual

Today's Date _____ RECEIVED BY (PRINT NAME) : _____