



# Membership Pause or Medical Hold

Email to: [guestservices@tricocentre.ca](mailto: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, cannot be back dated or paused during the first 90 days.
- 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) : \_\_\_\_\_