

WellWorks Membership On-Hold / Extension Form

**This form applies to YEARLY memberships only.*

- We do not extend memberships for vacations or during holiday times.
- Each situation will be looked at on a case-by-case basis.
- We have the right to deny any request and to limit the number of requests per member per year.
- Must be unable to use facility for consecutive 3 week period or longer. Periods less than that cannot be extended.

Name: _____ Member ID# _____

Phone: _____ Email: _____

SELECT ONE AND FILL IN DATES:

__Place my membership on hold: START date: _____ END date: _____

__Requesting extension for ____ month(s) - from ____/____/____ to ____/____/____.

SELECT ONE:

	<p>Request due to medical problem lasting over three consecutive weeks.</p> <p><i>*We required a note from your physician – please attach note to this form.</i></p>
	<p>Request due to being out of LOCAL AREA (2 hours away) for job reasons for over three consecutive weeks.</p> <p><i>*We require a note from your employer – please attach note to this form.</i></p>
	<p>Request due to being out of LOCAL AREA (2 hours away) for personal reasons for over three consecutive weeks.</p> <p><i>Brief description of purpose:</i></p>

Member signature: _____ Date: _____