



875 Roosevelt Road • Glen Ellyn, IL 60137 • 630.942.9600 • www.htsw.net

MEMBERSHIP SUSPENSION FORM

An active account that wants all members on suspension.

Membership Account # _____ Date _____

Name of Member (please print) _____

I understand that in order to suspend my membership I must complete this form by the 20th of the current month to be effective for the following month.

Suspension effective date: _____

I will be suspending my membership for one of the following reasons:

- ____ 1. I have a medical condition preventing me from participating in physical activities. I am attaching a letter of explanation from my physician.
- ____ 2. I will be out of the area for business reasons. I am attaching proof of travel (ie: an itinerary)
- ____ 3. I will be on an extended vacation. I am attaching proof of travel (ie: an itinerary)
- ____ 4. I have a second residence which I will be living at. I am attaching proof of residency (ie: a utility bill)
- ____ 5. Other: _____

I understand there is a \$15.00 monthly fee to suspend my membership until I reactivate it in writing. I understand that my account must be paid in full prior to suspension and that I must have an updated EFT on file.

Signature of Member: _____

Contact Phone Number: _____

Email Address: _____

OFFICE USE ONLY:

MS REP INITIAL	DATE RECEIVED	CSI ENTRY DATE



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MEMBERSHIP REACTIVATION FORM

A account that is reactivating all or some previous members

Membership Account # _____ Date _____

Name of Member (please print) _____

Please indicate all members to be reactivated at this time:

NAME	AGE	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Member: _____

Signature of Staff accepting change: _____

Current Membership Type Code _____ New Membership Type Code _____

<u>Transaction</u>	
Monthly Dues Difference: _____	Start Date: _____
Total Collected / Refunded: _____	To be charged to House Account: _____

OFFICE USE ONLY			
CSI UPDATE:	DATE:	ACCOUNTING UPDATE:	DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>