

Yuba City Racquet & Health Club



Request for Inactive Membership

The Inactive program offers the member the option of putting their membership on hold provided that all following terms are met.

1. For your protection, no processing or change in billing will occur until a written "Request for Inactive Membership" with the member's signature is received. The request may not be taken verbally, by phone or e-mail.
2. The Request for Inactive status must be received by the Accounting Department by the 15th of the month preceding the month that you wish to be on Inactive status.
3. A membership may be on Inactive status a minimum of one calendar month and a maximum of three calendar months per calendar year. No partial months are allowed.
4. Inactive may not be done retroactively. No refunds given for membership.
5. During the Inactive period, the member's dues will be lowered to \$15 per month.
6. The membership dues will automatically reactivate on the first of the month following the Inactive period at the current rate for your membership type.
7. You may not use the club while on Inactive status. In the event that you check in while on Inactive, your account will be billed for dues for that entire month. You may not use guest passes while on Inactive.
8. If your request to be on Inactive is made during your first 12 months of membership and you have committed to paying dues for 12 months, your 12 month commitment date will be extended by the number of months that you are on Inactive.
9. Please fax this form to 530-673-4006 or mail to YCRC Accounting Department 825 Jones Road, Yuba City, CA 95991.
10. If you do not receive written confirmation of receipt within 10 business days, please assume we did not receive your request and contact the Accounting Department immediately at 530-673-6900 ext. 104.

I, _____, request to place my YCRC membership on Inactive status from the first day of _____ (calendar month) to the last day of _____ (calendar month). I understand that my dues will reactivate on the first of the month following the Inactive period.

_____ Signature	_____ Contact number	_____ Date
<i>office use only - print details on reverse</i>		
Date Received: _____	Bill date effective: _____	Reactivation date: _____
Date Processed: _____	From \$ _____ to \$ _____	From \$ _____ to \$ _____
Employee: _____		Fax/mailed: _____
MEMBER ID: _____	EFFECTIVE DATE OF CHANGE: _____	