



# Stayton Family Memorial Pool

400 W Virginia St. Stayton, Or 97383 503-767-7665



## Membership Freeze Application

Card Number

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### Please Select Membership and Payment Type:

- Resident ( Must Pay City of Stayton Taxes)
- Non - Residence
- Auto Pay Monthly (form attached)
- Monthly
- Yearly
- Family (2 adults and children under 17yrs living in household)
- Adult
- Senior (59 yrs. & up)
- Senior Couple
- Youth (1 yrs. - 17yrs)

|                       |  |       |                             |       |     |
|-----------------------|--|-------|-----------------------------|-------|-----|
| <b>Primary Member</b> |  |       | Draft / Payment date: _____ |       |     |
| First Name            |  | MI    | Last Name                   |       |     |
| Mailing Address       |  |       | City                        | State | Zip |
| Home Phone            |  | Email |                             |       |     |

### Primary Reason(s) for Freezing Membership - check all that apply

- Change in family structure
- Pool Closure
- Vacation
- Lost of motivation
- Medical Reason

### All Membership Freezes must be done in writing

The City of Stayton - Stayton Family Memorial Pool is not responsible for bank charges of any nature. We must receive written notification of Freeze no later than 5 days prior or your scheduled draft date to avoid the draft occurring for that month. Cancellations prior to 30 days before your scheduled draft date will have a non-refundable draft occur. For example, to stop a bank draft prior to your scheduled 15th of the month draft date, the city of Stayton - Stayton Family Memorial Pool must receive written notification no later 14th of the prior month. Less than 30 days will result in a charge for the month and your membership will remain in good standings for the next month.

Signature \_\_\_\_\_

Date \_\_\_\_\_

|                             |                       |                             |
|-----------------------------|-----------------------|-----------------------------|
| <b>For Office Use Only:</b> |                       |                             |
| Date of Cancellation _____  | Staff Initials: _____ | Membership Cancelled: Y / N |