



## Membership Bridge Request

Loyola Center for Health & Fitness  
2160 South First Avenue Bldg 130, Maywood, IL 60153  
(708) 327-BFIT (2348) Fax: (708) 327-3513

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Account # \_\_\_\_\_ - \_\_\_\_\_

**All requests for Membership Bridge must be submitted in writing to Loyola Center for Health & Fitness by the 15th day of the month prior to the effective bridge month.**

Reasons for a Membership Bridge (maintaining a membership w/out paying full monthly dues):

- **Minimum of three months and must not exceed six months**
- **Must be in writing and sent to the Executive Director**
- **No membership type changes during bridge request**
- **Requests are subject to approval of the Executive Director**

**One-third of the monthly dues will be charged during the bridge period. If one person on a couple membership bridges, the remaining member pays the regular individual dues, and the bridging member pays 33% of the remaining balance. The regular monthly dues will resume at the end of the bridged period. Bridged members may not use the facility during the time period the membership is being bridged.**

Reason for your request: \_\_\_\_\_

Phone # during bridge: \_\_\_\_\_

Membership Bridge Request (from) \_\_\_\_\_ through \_\_\_\_\_  
(month/date) (month/date)

Options for payment:

\_\_\_\_\_ Pay in advance (Total amount paid) \_\_\_\_\_ (Attach receipt)

\_\_\_\_\_ Electronic Funds Transfer      Credit Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_

Checking/ Savings \_\_\_\_\_  
(Please attach voided check)

**Loyola employees must provide EFT or pay in advance. Payroll deduction is not a payment option during the bridge period. Employees must fill out a payroll deduction form at the time of the bridge request to start payroll deduction after the bridge period is expired.**

Was a payroll deduction form filled out for EE? \_\_\_\_\_ (not applicable for sponsored members)

I have read the items above and I authorize the above changes to be made to my Membership Account.

Member Signature: \_\_\_\_\_

Director's Approval Signature: \_\_\_\_\_