



MEMBERSHIP HOLD

NAME: _____ VH MEMBER #: _____

PHONE: _____ EMAIL: _____

NAME: _____ VH MEMBER #: _____

PHONE: _____ EMAIL: _____

LENGTH OF HOLD: _____ MONTHS

REASON FOR HOLD (Note: MUST submit a reason) _____

MEMBERSHIP TYPE:

INDIVIDUAL AUTO _____ MILITARY INDIVIDUAL AUTO _____ MONTHLY _____

COUPLES AUTO _____ MILITARY COUPLES AUTO _____ COUPLES MONTHLY _____

½ COUPLES AUTO _____ MILITARY ½ COUPLES AUTO _____ ½ COUPLES MTHLY _____

FAMILY AUTO _____ MILITARY FAMILY AUTO _____ ANNUAL _____

BIANNUAL _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

EMPLOYEE: _____ DATE: _____