



Membership Freeze Form

Name _____

Month freeze should begin _____ (This form must be received at least 5 business days before the first month of the freeze in order to guarantee the freeze will take effect as intended.)

Number of months to freeze: 1 2 3

I understand that memberships can only be frozen once per 12 month period.

I understand that I cannot cancel my membership immediately after a freeze. One month of active membership is required after a freeze before I am eligible for cancellation.

I understand that I will not be charged a monthly fee during a freeze, and that I may use rollover services I have accumulated but all other membership benefits (discounts, guest passes, etc) will be suspended until membership is active again.

Signature

For office use only

Received by:

Received date:

