



## Membership Freeze Request

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, would like to freeze my membership from  
\_\_\_ / \_\_\_ / \_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_.

I understand that this request must be for a period of one, two, or three months and that I may freeze my account for a maximum of three months per year of membership. Any additional materials to support my request (e.g. travel itinerary, doctor's note, etc.) are attached to this form. I also understand there is a one time fee of \$50 that will be charged on the return date listed above, which is in addition to my regular monthly billing agreement.

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

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

Comments/Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INTERNAL USE ONLY

Received on: \_\_\_ / \_\_\_ / \_\_\_\_ Approved by: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date entered: \_\_\_ / \_\_\_ / \_\_\_\_