

FITNESS MEMBERSHIP FREEZE REQUEST FORM

I, _____, request my membership be frozen
(Print Name)

from _____ to _____
(Date) (Date)

due to _____
(Reason for Freezing)

FREEZE RULES

- Regular Freeze: 1X per annual membership on annual membership only (Min: 1 month, Max: 3 months.)
- Medical Freeze: 1X per year on annual membership only (Min: 1 month, Max: 6 months. *Doctor's Note is required*).
- "Pay as You Go" Freeze: 1X per calendar year (Min: 1 month, Max 3 months) 30-day notice required.
- Freezes can only be done on a monthly increment basis. There will be no partial-month extensions.

By signing below, I certify that I understand and fully agree to the above mentioned Terms and Conditions. Furthermore, I have handed in my membership card and understand that it will be returned to me when I unfreeze my membership.

Member Signature: _____ Date: _____

<i>For Office Use Only</i>			
Date of Freeze: _____	On Hold in CCC?	Yes/No	
Name of Employee: _____	Old Expiration Date: ___/___/___	=====	
Date of Return: _____			
Name of Employee: _____	New Expiration Date: ___/___/___		
Total Extension: ___ mos. ___ wks.	Date Changed in CCC?	Yes/No	
Freeze # (circle one) 1 2 3	Active in CCC?	Yes/No	