



MEMBERSHIP FREEZE REQUEST

Member Name (print): _____

Reason(s) for Freeze:

Travel/Vacation

Armed Forces/Military

Other (Please specify below):

Medical/Injury

Job Related

Financial Hardship

Month One of Freeze:

January

February

March

April

May

June

July

August

September

October

November

December

MonthTwo of Freeze:

January

February

March

April

May

June

July

August

September

October

November

December

I understand that my account may be frozen for a minimum of one month and a maximum of two months per calendar year. I understand that I will be billed \$20 per month during the freeze period in lieu of my normal recurring membership dues. I understand that this freeze does NOT apply to my Locker Rental, Laundry, Eco-Friendly Investment, Tanning Services, Club Enhancement Fee, Pool Dues, Personal or Small Group Training, Nutritional Services and any other recurring charges.

I understand that an extension beyond the allowed two months may be granted by my Home Club's General Manager for an approved reason, such as a temporary work assignment out of the area or a medical issue, and that documentation may be required.

Member Signature: _____ Date: _____

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Staff Use Only:

Home Club: City Vista Metropole Renaissance The Yards U Street Verizon

Received by: _____ Date: _____

Processed by: _____ Date: _____