



# MEMBERSHIP FREEZE REQUEST

Member Name (print): \_\_\_\_\_

**Reason(s) for Freeze:**

- |                               |                |                    |
|-------------------------------|----------------|--------------------|
| Travel/Vacation               | Medical/Injury | Financial Hardship |
| Armed Forces/Military         | Job Related    |                    |
| Other (Please specify below): |                |                    |

**Month One of Freeze:**

**MonthTwo of Freeze:**

- |          |           |          |           |
|----------|-----------|----------|-----------|
| January  | July      | January  | July      |
| February | August    | February | August    |
| March    | September | March    | September |
| April    | October   | April    | October   |
| May      | November  | May      | November  |
| June     | December  | June     | 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 \$25 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: \_\_\_\_\_