



# 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 \$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: \_\_\_\_\_

**Staff Use Only:**

Home Club:  City Vista  Gallery Place  Logan Circle  The Yards  U Street

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_