



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 (Min: 3 weeks, Max: 3 months.)**
- **Medical Freeze: 1X per 6 or 12-month membership (Min: 1 month, Max: 6 months. *Doctor's Note is required*).**
- **“Pay as You Go” Freeze: 3X per calendar year (Min: 1 mo, Max 6mos).**
- **Freezes longer than a month will be done in one-month increments.**
- **All freezes must be done in advance at the fitness desk.**

I have handed in my membership card and it will be returned to me when I unfreeze my membership.

Member Signature: _____

Date: _____

For Office Use Only

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

