



# FREEZE REQUEST FORM

November 1, 2017

Please complete the form below to submit your freeze request **fourteen (14) days in advance** of the requested freeze start date.

Name: \_\_\_\_\_ Key Tag Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for freeze request: \_\_\_ Medical \_\_\_ Personal \_\_\_ Financial \_\_\_ Moving  
\_\_\_ Travel \_\_\_ Work/Schedule \_\_\_ Other: \_\_\_\_\_

Effective Freeze Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of freeze: \_\_\_ 1 month \_\_\_ 2 months \_\_\_ 3 months (Medical Only)

**Select One:**

- Non-Medical/Voluntary Freeze:** By checking this box ("Terms and Conditions"), I understand that a non-medical freeze is effective upon the next billing date for one (1) month or maximum of two (2) months per twelve month calendar period. I understand that there is an administration fee of \$10 per month, in lieu of, my monthly dues membership charge. To request a freeze, I must (1) submit this form to FemmeFitness at least 14 days in advance of the requested freeze date and (2) be current on all dues, fees, and other charges on my account.
- Medical Freeze:** By checking this box ("Terms and Conditions"), I am obligated to complete this form and provide FemmeFitness with a Physician's note stating a freeze of membership for medical purposes is necessary for up to three (3) months. Failure to do so will result in an automatic reinstatement of my monthly membership dues.

By checking this box ("**Terms and Conditions**") and submitting this form, I acknowledge that the above information is accurate and correct. Any misrepresentations with the current information are the sole responsibility of the undersigned. I understand that that freezing of my membership will be executed as per the terms and time frame outlined in my membership agreement. I authorize FemmeFitness to charge my credit card that is on record with FemmeFitness and collect any outstanding balances that remain on my account upon the successful freezing of my membership. Furthermore, **I understand that I cannot request to cancel my membership while frozen.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Internal Use:

Received by (FemmeFitness): \_\_\_\_\_ Date: \_\_\_\_\_

Freeze processed by: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Copy given/ sent to member
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Freeze start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Freeze end date: \_\_\_\_/\_\_\_\_/\_\_\_\_