



Membership Freeze Form

Today's Date _____

Medical Freeze:

I have a medical condition that is verified in writing by a physician which states I am not able to exercise.
No membership dues owed for entire time out.

I will be out from MM / DD / YY to MM / DD / YY .

Reason: _____

Vacation Freeze:

I will be away (out of town) for one or more months. Allowed **ONCE** per calendar year.

For 1-3 months: No membership dues owed for up to first 2 months away.

For 3-6 months: No membership dues owed for entire time away. **\$99 reevaluation fee owed.**

I will be out from MM / DD / YY to MM / DD / YY .

Print Name (s) _____

Signature (s) _____

OFFICE USE ONLY

NOTES: _____

Signature: _____

Date: _____