



CLUB PILATES

MEMBERSHIP FREEZE REQUEST

MEMBERSHIP NUMBER: _____ MEMBERSHIP TYPE: Unlimited

MEMBER'S NAME: Denise Mos

ADDRESS: 2912 Field Ct

CITY: San Diego STATE: CA ZIP: 92110

PHONE: 619-405-3681 EMAIL: clubmos@yahoo.com

TODAY'S DATE: 12/23/22 REACTIVATION DATE: 1/23/23

(NOT TO EXCEED 3 MONTHS FROM EFFECTIVE DATE)

REASON FOR FREEZE REQUEST:

I had partial knee replacement and have not been given clearance to return.

PLEASE NOTE:

- PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS
- MEMBERSHIPS CAN BE PUT ON FREEZE FOR UP TO 3 MONTHS
- FREEZE REQUESTS MUST BE MADE A MINIMUM OF 14-DAYS BEFORE THE PAYMENT IS DUE

I UNDERSTAND THAT THERE IS A FEE OF \$15 PWE MONTH THAT MY MEMBERSHIP IS IN "FREEZE" STATUS.
I UNDERSTAND ALSO THAT MY MEMBERSHIP WILL AUTOMATICALLY BE REACTIVATED ON THE DATE LISTED
ABOVE UNLESS I NOTIFY THIS CLUB PILATES STUDIO IN WRITING 30 DAYS PRIOR TO EXTEND THE DURATION
OF THE FREEZE.

Denise Mos
MEMBER SIGNATURE

12/23/2022
TODAY'S DATE

MANAGER/OWNER SIGNATURE

EFFECTIVE DATE