



CLUB PILATES

MEMBERSHIP FREEZE FORM

First Name: _____ Last Name: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Club Pilates Studio: _____

Membership Type: _____ Membership Rate: _____

Requested Freeze Start Date: _____ Requested Freeze End Date: _____

*Dates must coincide with membership billing dates

Reason for Freeze Request:

PLEASE NOTE OUR FREEZE POLICY:

If you are temporarily unable to use the Club Pilates studio due to medical reasons, you may request a freeze of your membership in monthly increments up to 3 months. You are required to provide a written doctor's note at the time of requesting the freeze and **MUST** complete this Membership Freeze Form and return it to the studio.

Memberships can be placed on a freeze for up to 3 months for non-medical reasons. These requests must align with your bill date and must be received 14 days prior to your next billing date. Retroactive freezes will not be accepted. A Membership Freeze form must be completed and returned for the request to be processed and there is a **one-time fee of \$15** for the freeze.

You acknowledge and understand that freezing your membership will extend the term of the Agreement and that you will still be obligated to pay your monthly dues as per your original Agreement until the minimum term has expired. **Membership Agreements can not be cancelled while on freeze.** Club Pilates reserves the right to adjust this freeze policy from time to time at its sole discretion.

Member Signature: _____

Date: _____

Management Approval: _____