



MEMBERSHIP FREEZE REQUEST

MEMBERSHIP NUMBER: _____ MEMBERSHIP TYPE: _____

MEMBER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

TODAY'S DATE: _____ REACTIVATION DATE: _____
(NOT TO EXCEED 3 MONTHS FROM EFFECTIVE DATE)

REASON FOR FREEZE REQUEST:

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 PER 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 UFC GYM IN WRITING 30 DAYS PRIOR TO EXTEND THE DURATION OF THE FREEZE.

MEMBER SIGNATURE

TODAY'S DATE

MANAGER/OWNER SIGNATURE

EFFECTIVE DATE