



**FITNESS MEMBERSHIP FREEZE REQUEST FORM**

I, \_\_\_\_\_, request my membership be frozen  
(Print Name)  
from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)  
due to \_\_\_\_\_  
(Reason for Freezing)

**FREEZE RULES**

- **Regular Freeze: 1X per annual membership (Min: 3 weeks, Max: 3 months.)**
- **Medical Freeze: 1X per 6 or 12-month membership (Min: 1 month, Max: 6 months. *Doctor's Note is required*).**
- **“Pay as You Go” Freeze: 3X per calendar year (Min: 1 mo, Max 6mos).**
- **Freezes longer than a month will be done in one-month increments.**
- **All freezes must be done in advance at the fitness desk.**

I have handed in my membership card and it will be returned to me when I unfreeze my membership.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***For Office Use Only***

Date of Freeze: \_\_\_\_\_ On Hold in CCC? Yes/No

Name of Employee: \_\_\_\_\_ Old Expiration Date: \_\_\_/\_\_\_/\_\_\_  
=====

Date of Return: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ New Expiration Date: \_\_\_/\_\_\_/\_\_\_

Total Extension: \_\_\_ mos. \_\_\_ wks. Date Changed in CCC? Yes/No

Freeze # (circle one) 1 2 3 Active in CCC? Yes/No

