

MEMBER CANCELLATION / FREEZE REQUEST FORM

Name: _____ Date: ____ / ____ / ____

Reason: _____

Member Signature: _____ Staff Initials _____

NOTE: *Freeze* can be accepted over the phone but *Cancellation* must be received in writing.

FREEZE

You may freeze a maximum of 1 time per year for a maximum of 3 months.

Length of Freeze: 1 2 3 months (circle one)

Last billing date **before** freeze is the 17th of _____ (month)

First billing date **after** freeze is 17th of _____ (month)

FOR EARLY UNFREEZE, COMPLETE THIS SECTION:

Prorate Paid \$ _____ 1st billing date is now 17th of _____ (month)

CANCEL

Cancellation must be received at least 10 days **before** the next billing date.
If this membership has a **minimum term**, a buyout fee may be required.

OFFICE USE ONLY:

Monthly dues amount: \$ _____

Final Bill Date: _____

Cancel Date: _____ (enter in File Maintenance)

**** IMPORTANT ** CANCEL DATE MUST BE 1 DAY BEFORE NEXT BILL DATE (e.g. – if final bill date 4/17/09, cancel date is 5/16/09)**

Buy out paid \$ _____