

# MEMBERSHIP FREEZE APPLICATION

Name:     
Last name First name Middle initial

Address:      
Address City Province Postal code

Phone:     
Work phone Cell phone Home phone

I,  wish to place my membership on hold for (check one):  
Member name (please print)

30 days  60 days  90 days  Medical freeze\*  From:  To:   
Start date End date

I certify that I have read the following Policy and agree to all terms and conditions:

Members who have a 12 month term may place a hold on their membership for 30, 60, or 90 sequential days for a non-refundable fee of \$15 plus GST. A member may freeze their term twice every 12 months for a maximum 3 months combined. Notification for freezing a membership can be given up to the day the member would like their hold to begin. A membership freeze may not be back-dated. Payments must be processed at the time of request. Freeze dates may not be adjusted once a request has been made. One membership freeze per application form. Dependent memberships may be frozen at no additional cost.

\*Members may place a medical hold on their membership at no charge. A letter from a medical doctor is required within 30 days of the patient assessment to qualify. A medical freeze is available for all lengths of membership.

Member signature:  Date:  Total \$:  15.75

# PAYMENT INFORMATION

VISA  Mastercard Authorized signature: \_\_\_\_\_

Credit card number:  Expiry date:  CRV Code: \_\_\_

**OFFICE USE ONLY**  
 IN PERSON  FAX  MAIL   
 CASH  INTERAC  CHEQUE  VISA  MASTERCARD   
 DATE RECEIVED:  AMOUNT PAID: \$   
 PRINTED FREEZE DATES ON CUSTOMER RECEIPT   
 ATTACHED MEDICAL NOTE (REQUIRED FOR MEDICAL FREEZE)   
 PROCESSED BY:  STAFF INITIALS:  BARCODE:

**COORDINATOR USE ONLY**  
 DATE REACTIVATED:   
 DATE INACTIVATED:   
 INITIALS: