



MEMBERSHIP FREEZE APPLICATION

Name:								
	Last name		First nam	ie		М	iddle initial	
Address:								
	Address		City		Province		Postal code	
Phone:								
	Work phone		Celll	phone			Home phone	
I, wish to place my membership on hold for (check one): Member name (please print)								
30 days		days 🔲 🛮 Medical free	ze* 🔲 🛭 F	rom:		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 I2 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 I2 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 \$	S: 15.75	
PAYMENT INFORMATION UISA Mastercard Authorized signature: Credit card number: Expiry date:								
CASH C	CE USE ONLY IN PERSON FAX MAIL I INTERAC CHEQUE VISA MASTERCARD RECEIVED: AMOUNT PAID: \$ TED FREEZE DATES ON CUSTOMER RECEIPT CHED MEDICAL NOTE (REQUIRED FOR MEDICAL FREEZE)					COORDINATOR USE ONLY DATE REACTIVATED: DATE INACTIVATED: INITIALS:		
PROCESS	ED BY:	STAFF INITIALS:		BARC	ODE:			

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