

## 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 who have a 4-month term may place a one-time hold on their membership for 30 or 60 sequential days for a non-refundable fee of \$15 plus GST. Payments for memberships on payment plans, including payroll deductions, will continue during the hold period.

\*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: