



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: