



Name _____ Id# _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Work Phone _____

_____ **FREEZE** Reason _____

Start and end dates of freeze _____ to _____

Freezes cannot be backdated, it will begin the day you turn this form in.

Freezes are effective for a minimum of one month to a maximum of three months. There is a \$10 charge for each month your account is frozen unless a physician's note is provided stating you are unable to use the facility for medical reasons.

A freeze form must be completed for each person freezing.

Signature _____ Date _____

_____ **TERMINATION** Reason _____

Forms submitted by the 10th of the month will be effective for the following month. If the form is received after the 10th of the month, you will be responsible for next month's dues.

A termination form must be completed for each person terminating.

Signature _____ Date _____