Date_____ **The Fit Club, LLC Freeze Request Form** Membership #_____

Name: _____**E-Mail**: _____

Address:_____**City:** _____ **Zip:** _____

Cell Phone: _____**Home Phone:** _____

Employer: _____**Work Phone:** _____ **DOB:** _____

ALL FREEZE REQUESTS MUST BE SUBMITTED BEFORE BILLING DRAFT HAS BEEN SENT OUT FOR THE FOLLOWING MONTH i.e. by the 20th of given month

I, _____, understand that this form is a request to freeze billing on my membership. Further, by signing this form, I acknowledge that my billing will stay in effect if there has been any items charged to my variable billing account. I understand I will be charged $9 per month in order to maintain membership during all freeze periods. I understand freeze months do not constitute the one month notice to cancel and must still pay for a full final month in order to completely terminate membership.

Member Signature: _____ Date of Signature: _____

Please advise how long you are requesting to freeze your membership:

- ☐ 1 month
- ☐ 2 months
- ☐ 3 months
- ☐ Indefinite

Comments:

For questions, please contact **The Fit Club, LLC** 434-755-1281

For Office Use Only:	
Date Received:	Date Terminated:
Staff:	Staff: