



Freeze Request Form

Date: _____
Member Name: _____
Member Barcode: _____

Freeze Start Date: _____

Freeze End Date: _____

Note: All accounts are charged a monthly fee of \$10 to freeze the account in order to lock in your monthly rate and avoid paying a new initiation fee. However, we offer a no charge freeze for snowbirds which we request proof of residency in another state.

Please mark reason for freeze:

- Snow Bird
- Medical Reasons
- Financial Hardship
- Other _____

Please provide and additional comments that may help us improve our business:

Members' Signature: _____ Authorized Employee's Signature: _____

Date: _____

Date: _____

Approved: _____