



YMCA

We build strong kids,
strong families, strong communities.

MEMBERSHIP FREEZE FORM

I wish to freeze my membership from _____ to _____ for the following reason: _____

I understand that I will be charged a \$10 per month fee (to be paid in advance) for each month that my membership is on freeze (if 62 years of age or older, free freezes will be granted). I also understand that I can only freeze my membership for a maximum of 6 months, unless for a medical reason (with a doctor's note). All freezes must be done in advance...no backdating of freezes will be honored.

If for medical reasons, a doctor's note must accompany this form, and the \$10 fee will be waived.

MEMBERSHIP CARD MUST BE SURRENDERED DURING FREEZE

I also understand that my membership will come off of freeze on the date indicated above.

Name (Print): _____ Signature: _____
Phone #: _____ Current Expiration Date: _____

OFFICE USE ONLY

Date Fee Paid: _____ Date Completed: _____
Amount Paid: _____ New Expiration Date: _____
Receipt #: _____ Employee Initials: _____

MEMBER COPY OF FREEZE REQUEST

Date freeze form turned in/received _____ In person In Mail

Membership Card(s) Received: Yes No Staff Initials: _____

Membership Freeze from: _____ to _____ (membership will come off freeze on date indicated unless the YMCA is notified differently)

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