

**Membership Freeze Form**

Name: \_\_\_\_\_ #: \_\_\_\_\_

**MEDICAL/STUDENT FREEZE**

Stow Fitness Center is happy to accommodate our members who are having a medical situation or are student members by freezing their membership.

Thirty (30) days notice is required to freeze a membership unless accompanied by a physicians note. \$5.00/month freeze fee is charged. Physicians note must specify dates of restrictions.

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

(Freezes must be in 30-day increments)

**OTHER FREEZE**

Stow Fitness Center is happy to accommodate our members who would like to freeze their memberships for up to six (6) months per calendar year. The fee is \$10.00 per month frozen and *must be paid* at point of freeze or charged to a credit card or checking account. Thirty (30) day notice is required.

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

(Freezes must in 30-day increments)

Member's Signature \_\_\_\_\_

Stow Fitness Representative \_\_\_\_\_ Date \_\_\_\_\_