

Membership Freeze Form

Name: _____ #: _____

MEDICAL FREEZE

Stow Fitness Center is happy to accommodate our members who are having a medical situation by freezing their membership up to six (6) months. Written notice must be presented from your physician at the time of freezing. Physicians note must specify dates of restrictions. Thirty (30) days notice is required to freeze a membership unless accompanied by a physicians note. \$5.00/month freeze fee is charged.

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 three (3) 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.

*** Students do not have to restrict their freezes to three months per year.**

FROM: _____

TO: _____

(Freezes must in 30-day increments)

Member's

Signature _____

Stow Fitness Representative _____ Date _____

****PLEASE NOTE: ANY FROZEN ACCOUNT THAT NEEDS TO BE CANCELED WILL BE BILLED THEIR FINAL MONTH AT THE FULL DUES AMOUNT****