

FREEZE REQUEST FORM

Administration Fee: \$15 per month
Two Month Minimum
Six Month Maximum
Must continue to fulfill 12 month agreement
Freezes begin on the first day of each month.

Must be received by 20th day of current month to avoid next month's dues.

Today's Date: _____

Name: _____ Member #: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Email: _____

Date of effect: _____ Date of reinstatement: _____

Please help us to improve our service by indicating the reason you are freezing the membership.

___ Vacation: _____

___ Health related: _____

___ Work/school: _____

___ Not using the center: _____

___ Other: _____

Comment(s): _____

Please call me to answer questions and/or concerns about this process: Yes: _____ No: _____
I/we intend to freeze my/our MJCC membership as of the end of this month. (If the date is after the 20th of the month, I/we understand that the freeze will be effective as of the last day of next month) I/we understand that at that time I/we will no longer be eligible to use the MJCC facilities. I/We am also responsible for all membership fees and charges on my account through the freeze date. I/we agree to return my/our membership card(s) by the date the freeze begins.

Signature: _____ Date: _____

Received: _____ Processed: _____ Dbl Checked: _____ Filed: _____