



# Mittleman

Jewish Community Center

Schnitzer Family Campus

6651 SW Capitol Highway, Portland, OR 97219

P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

## Freeze Request Form

**Administration Fee: \$15 per month.**

**One Month Minimum. Six Month Maximum.**

**Must Continue to fulfill 12 month agreement.**

**Freezes begin on the first day of each month and will end on the last of the 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: \_\_\_\_\_

Freeze start date: \_\_\_\_\_ Freeze end date: \_\_\_\_\_

Membership automatically restarts on: \_\_\_\_\_

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: \_\_\_\_\_