



Bill Payer Name _____ Ph: _____

Bill Payer Email _____

MEMBERS: Please note requests are granted by a thirty (day) written notice, and payment of \$25 administration fee for all downgrades and membership freezes. Thirty (30) day notice is required to insure interruption of monthly membership fees. Only complete month requests are processed.

UPGRADE | DOWNGRADE (family members to be added/removed from membership)

- 1. _____ DOB _____ Gender _____ Relation _____ Barcode _____
2. _____ DOB _____ Gender _____ Relation _____ Barcode _____
3. _____ DOB _____ Gender _____ Relation _____ Barcode _____
4. _____ DOB _____ Gender _____ Relation _____ Barcode _____

I certify by signing below that the individual(s) being added to the membership are residing at my current residence and are related to the bill payer by blood, marriage, guardianship, or is a nanny providing care to my underage children.

I understand if my family membership exceeds 5 individuals over the age of 18, I will be billed \$10/mo. additional charge for each additional family member over the age of 18. I understand that any prorated fees due at the time of upgrade will be charged to my account.

Signature: _____ Effective Date : _____ Date: _____

MEMBERSHIP FREEZE

A membership freeze request is limited to a minimum of one (1) month and a maximum of three (3) months. I understand my access to the facility will be temporarily terminated. After the designated lengths of membership freeze, regular monthly membership fees are reinstated without prior notice.

A freeze does not extend the terms of my contract, nor does it apply the frozen months to the end of my contract. Therefore, my start date, and auto-renewal date WILL NOT be impacted by a membership freeze (either in part of entirety).

Requested Freeze Start Date _____

Requested Freeze End Date _____

checkbox

Payment on account

checkbox

Payment at time of request

Membership automatically begins on: The first day of _____ without further notice.

Signature: _____ Date: _____

STAFF ONLY

Request received on: ____ / ____ / ____ Staff Initials _____