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## TEMPORARY FREEZE OF MEMBERSHIP NOTICE (ONE MONTH MINIMUM)

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**Please Complete Information Below For an Immediate Freeze of Your Account:**

Member Name: \_\_\_\_\_ Email: \_\_\_\_\_

Barcode Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Freeze of Membership Terms and Conditions:**

I have elected to freeze rather than cancel my Coast Fitness membership at the rate of **Fifteen (\$15) Dollars per month plus all applicable Membership Agreement charges including quarterly Enhancement or Club Facility Fee**. Per my Membership Agreement, I understand that the temporary freezing of my membership will become effective when:

- I am a member in good standing and all fees and charges are paid through the Freeze effective date
- Coast Fitness has received my Freeze of Membership Notice at least five (5) business days prior to the Freeze effective date and for at least one (1) month.
- I have paid for monthly Freeze Fees in advance of my leave based upon how many months I will be gone or I have set up a payment plan via Credit Card or Electronic Fund Transfer (check/debit) for payment in my absence from the club.
- I understand my Freeze Effective Date and Reinstate Date will match my billing date and no freezes can start mid-month.
- **That my Contract term will be extended by the length of the Freeze Period or by any "Closure Day Credit" issued by Coast Fitness.**

**Reason(s) For Freeze:** (Please Check All That Apply)

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|--|---|
| <input type="checkbox"/> Moving            | <input type="checkbox"/> Lack of Motivation |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Family Issues      |
| <input type="checkbox"/> Not Enough Time   | <input type="checkbox"/> Other _____        |

Proposed Temporary FREEZE Effective Date: \_\_\_\_\_ (Starts on Dues Billing Date)  
(To Be Completed by Coast Fitness Employee)

### AUTHORITY TO RELEASE TEMPORARY FREEZE

**PLEASE REINSTATE MY MEMBERSHIP AND FULL MEMBERSHIP DUES ON  
THE BILLING DATE \_\_\_\_\_, 20 \_\_\_\_\_**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coast Fitness Employee: \_\_\_\_\_ Date: \_\_\_\_\_