



TEMPORARY FREEZE OF MEMBERSHIP NOTICE (ONE MONTH MINIMUM)

PLEASE COMPLETE AND SEND CERTIFIED MAIL TO COAST FITNESS - P.O. BOX 1810, MANHATTAN BEACH, CA 90267, BY EMAIL: INFO@COAST-FITNESS.COM OR PERSONALLY DELIVER TO THE COAST FITNESS CLUB.

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.

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: _____