



Membership Freeze Request Form

- All requests must be made in writing (No telephone requests).
- Freeze requests must be received by the 9th of the month in order to be effective for that month.
- No refunds will be given (memberships may not be frozen retroactively).
- A monthly freeze fee of \$8/month will be charged to each account frozen.
- Accounts Delinquent for two (2) consecutive payments will be automatically terminated by Focus.

Contract Buyer's Name _____ Scan Card # _____

Student/Individual

Family (all members) --OR-- Family (only members named in comments)

Address _____

City _____ State _____ Zip Code _____

Birth Date _____/_____/_____ Phone Number _____

Comments/Reason for Freeze _____

(initial) I would like to freeze my account as outlined in my membership contract. I acknowledge that I am only allowed to freeze my account 3x per calendar year. During the time my account is frozen, I will pay a freeze fee of \$8/month. I may use the facilities while my account is frozen by purchasing a \$10 "Frozen Member Pass." No membership perks are applicable during freeze time.

(initial) **EFT:** I understand that I still need to keep my billing and contact information current during my freeze time, and that failure to do so may result in my pass being automatically terminated by Focus.

(initial) **Prepaid:** I understand that to unfreeze my pass I must pay the total amount of my freeze fees.

Contract Buyer's Signature _____ /_____/_____
Date

For Office Use Only

Processed by _____ Date Processed _____/_____/_____

Effective Freeze Date _____/10/_____

Date Electronically Submitted _____/_____/_____ Submitted By _____