



Membership Freeze Request Form

Please print clearly. Return the completed form to the Membership Manager.

PLEASE NOTE:

Requests for a membership freeze are available to individuals with an active membership in good standing. Membership holds can be made in monthly increments for a single period of one (1) to six (6) months per calendar year. Requests for membership holds must be received 30 days in advance of the requested start date and are subject to the approval of the Membership Manager. Membership holds will not be made retroactively. At the end of the membership hold, the member's contract period will be extended by the number of months frozen. A \$15 fee per member will be charged for each month requested to be placed on hold.

**** Members may not use the facility during the freeze period without incurring additional charges****

1. Complete Member Information.

Be sure to include information on all members to be included on the membership contract that requests freeze.

Member Name(s) _____

Email _____ (Cell) _____

2. Identify Vacation Freeze Period.

- Freeze period must be a **minimum of one month and in full monthly increments up to 6 months.** Freeze does not have to begin on the first of the month.
- Maximums freeze period is 6 months per calendar year.
- Cost of Freeze = \$15 per member/per month.

Start Date _____

End Date _____

Total # of Months _____

Total Cost _____

(\$15 per member/per month)

3. Complete Payment.

Payments for the membership hold fee must be scheduled for automatic draft. The \$15 hold fee will be drafted in place of the monthly dues. The date of the membership hold fee draft cannot be changed.

I hereby agree that the above information is accurate, and I authorize Duke Health & Fitness to amend my Membership Agreement and billing status accordingly.

Member Signature _____ Date _____

For Office Use Only: Documentation received _____ Contract period extended to _____