



Request to Freeze Membership

Blomeyer Health Fitness Center will freeze memberships for medical reasons (when presented with a medical statement from a physician), leave of absence, or extended out of town trips. Freezes will occur in full calendar month increments not to exceed three (3) months. (Written physician request must be attached with this form to qualify as a medical freeze).

Should you request to freeze your membership for reasons other than medical conditions (miscellaneous requests*), the freeze will occur in full calendar month increments not to exceed three (3) months. You will still be responsible for paying any parking and/or locker dues (if applicable) at full cost. (*any other requests other than medical clearance)

In the event you wish to cancel your membership and/or locker agreement(s) during the period the account is frozen, a 30-day cancellation notice must be furnished according to the membership and/or locker agreement. This freeze request, as well as any request for termination, must be received by the Blomeyer Health Fitness Center staff by the 10th of the month for it to go into effect the last day of the current month. Requests submitted after the 10th of the month will go into effect on the last day of the following month.

Please keep a copy of this request agreement for your records

I hereby agree to accept the conditions to freeze my membership and locker/parking (when applicable) accounts as stated above. I will supply Blomeyer Health Fitness Center with the appropriate 30 day written notice as stated above.

Member Name: _____

Employee ID: _____

Locker #: _____

Parking through Blomeyer: Yes/No Medical release attached to this request? Yes/No

Please circle the appropriate month(s), up to three (3) consecutive months, you wish to freeze your membership(s):

Freezes start on the 1st day of the month and end on the last day of the month.

	January		July
	February		August
	March		September
	April		October
	May		November
	June		December

Member Signature: _____

Date: _____

To be completed by the Blomeyer Staff:

Confirm dates of freeze as requested by the member: Yes/No

Staff initials: _____