



Membership Freeze Form

Scan or email back to
businessoffice@myfrancos.com

Last First Member Number

PLEASE SELECT REASON FOR FREEZE

- Medical Financial Work Requirement Vacation
- Other _____

FREEZE DATES

Starting Date: _____ Ending Date: _____

Membership Agreement extended by ___ months. Renewal Date: _____

PLEASE READ CAREFULLY BEFORE SIGNING

- Freeze Form must be signed and returned to the business office no later than the 20th of the previous month.**
- A monthly \$15 "freeze" fee will be charged each month the account is frozen.**
- Account will NOT be charged the regular monthly dues.**
- This form will not be processed without member's signature.**

I, the undersigned, hereby request that the above account be frozen for the time period indicated. In making this request, I agree and acknowledge to the following terms and conditions.

A frozen account may be reinstated at any time by the member. If the account is not reinstated early, it will automatically be reinstated on the freeze end date. I understand that usage of the facilities under this membership is not permitted by myself or my family while the account remains frozen. Failure to comply with this will result in automatic reinstatement.

An account may be frozen for a maximum period of three (3) months per calendar year, unless otherwise approved by the business office.

Members deciding to cancel their membership after the freeze period must obtain and complete a "Cancellation Form" from the business office. This form must be returned no later than twenty (20) days before the date in which they wish to cancel their membership or the member will be responsible for all dues between the reinstatement date of the freeze and the cancellation effective date.

Member Signature Date

FOR OFFICE USE ONLY

BALANCE AT TIME OF FORM COMPLETION (Not final)			STATUS CHANGE DATE	
CURRENT BALANCE	ADJUSTMENTS	TOTAL DUE	Date of original request	
\$ _____	\$ _____	\$ _____	_____	
Form sent to: _____ email			Monthly Rep/Members	_____