



MEMBERSHIP FREEZE CONTRACT

I _____ (Member) acknowledge that in order to freeze a Membership, I am obligated to complete this form and provide Jane DO, upon request, with a current valid Physician's note stating a freeze of membership for medical purposes is necessary. My freeze is effective upon my requested dates for a minimum of one (1) month to a maximum of three (3) months. I acknowledge that billing is temporarily postponed during the length of the freeze only. As a Member, I acknowledge that I am responsible for the remainder of the membership fee under the Membership Agreement regardless of the length of freeze. In addition, if my membership is on freeze for three (3) months or more, I must provide Jane DO with a current valid Physician's note upon the expiration date on the three (3) month period. Failure to do so will result in an automatic reinstatement of monthly membership dues for the remainder of the Membership Agreement. Freezes cannot be initiated retroactively. 15 days' written notice prior to billing date is required for all freezes. To request a freeze, I must (1) submit this form to Jane DO and (2) be current on all dues, fees and other charges against account. I acknowledge that the above information is accurate and correct. Any misrepresentations with the current information are the sole responsibility of the undersigned. Furthermore, I understand that the freezing of my membership will be executed as per the terms and time frame outlined in my membership agreement. I understand that certain membership types are subject to increases in initiation fees, membership dues, freeze fees, etc. Lastly, I authorize Jane DO to charge my credit card that is on file with Jane DO for any outstanding balances that remain on my account upon the successful freezing of my membership.

Requested Freeze Dates:

Start Date: _____

End Date: _____

(Member Signature)

(Management Signature)