



Request To Freeze Membership

Name (printed):

Membership Number (located on back of Membership Card):

Please Freeze my Membership beginning on:

Reason for Freeze of Membership:

Freeze my Membership (please circle one):

Membership Freezes begin on the date specified to that same date either one (1), two (2), or three (3) months later, and at the expiration of the Freeze Term the membership becomes active and membership payments resume on the same date as before the Freeze. Because membership drafts begin 2-4 days prior to the actual draft date, requests to freeze submitted during this window of time may be applied to the subsequent draft.

One (1) Month

Two (2) Months

Three (3) Three

Signature:

Date:

I recognize that a Freeze of Membership is provided by Fitness @ Five of Athens Inc. as a courtesy, that it is not mandated by the Membership Agreement, and that during the period of time specified above I will not have access to the fitness facility