

Membership Freeze Request Form



MANSFIELD
COMMUNITY CENTER
Family, Fitness & Fun!

Our Membership Freeze option is a way to suspend your membership for up to three months.

- Standard Freezes are available for all membership types.
- This form must be submitted **prior to** the start date of your requested freeze.
- You may freeze your membership a **maximum of one time per calendar year, for a period of up-to 3 months.**
- Freezes may start and end on any calendar date, permitted they do not exceed 3 calendar months.
- Freezes apply to all members on your account. To reduce the number of individuals on your membership use the Membership Cancellation Request form.
- Non-member program rates apply for programs and activities during the freeze window.
- This form is not intended for freezes of a medical nature. Please request the Medical Freeze Form to review this option.

How your membership and payments will be updated:

- Memberships that are paid in full on an annual basis – will be inactivated during the requested freeze period and your membership expiration will be extended by the length of the freeze.
- Memberships that are paid by auto debit each month –
 - Your membership anniversary date will be extended based on the number of days of the freeze.
 - Freezes **less than one month** in length - billing will not be frozen; the subsequent months bill will be prorated for days frozen.
 - Freezes **one month or longer** in length will have billing frozen accordingly; the returning months bill will be prorated as necessary based on days frozen.
- There is no processing fee for a membership freeze.

Household Name: _____

Address: _____ City/Town: _____ Zip: _____

Phone: _____ Email: _____

Dates of Freeze (3 month maximum): _____ to _____

I have read and understand the membership freeze policy at the top of this form.

Signature of requesting person _____ **Date of Request:** _____

FOR OFFICE USE ONLY

Membership Start/Anniversary Date	
# Days of Freeze	
Bill Dates Suspended	
Bill Dates Added + Amount of Return Bill	
New Exp./Anniversary Date	

Received by: _____
Time: _____
Date: _____