

Freeze Request Form



10 Days written notification is required to freeze all memberships for the following month.

Date:

Name (First and Last):

Address:	City:	State:
Zip:		

Best way to reach you:

Phone #:	Email Address:
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Reason for Freezing:
Medical ___ Travel ___ Other (specify) _____

FREEZE START DATE
(1st day of a month)

FREEZE END DATE
(Last day of a month)

***You will be charged a \$15.00 monthly freeze fee.
Membership can be frozen for a minimum of 1 month and a maximum of 12 months.**

Questions? Email it to info@nbfitnessclub.com.

Member Signature _____

STAFF ONLY:
Processed by: _____ Processed Date: _____