



MEMBERSHIP FREEZE FORM

MEMBERSHIP FREEZE POLICY: PIF or EFT Memberships may be frozen, at anytime and for any reason, by completing the YVY Fitness Center Membership Freeze Form, available at the Fitness Center, or by written notice, via certified mail, return receipt requested to YVY Fitness Center, 1312 38th Street, SUITE 515, Brooklyn, New York 11218, **by the 1st of the month prior to the membership freeze date.**

A Member shall have the right to freeze a membership once per twelve month period for one (1) two (2) or three (3) consecutive months. A Member must be in good standing and current with membership dues at the time of request. During the membership freeze period no dues will be collected. Memberships will be reactivated automatically at the end of your freeze period. PIF Memberships will be extended automatically by the amount of time frozen & EFT membership dues charges will automatically resume. **A freeze request cannot be retroactive.**

Medical Disability Freeze: You must complete a Membership Freeze form as well as submit written verification from your physician stating that your medical disability will prevent you from using the Fitness Center. The term for a medical freeze is two (2), three (3), four (4), five (5) or six (6) consecutive months within a twelve (12) month period. YVY Fitness Center reserves the right at its sole discretion, to require medical clearance prior to allowing member to return from a medical disability freeze or to deny re-entry for any member may be suspected (for any reason) of having a medical condition deemed by YVY Fitness Center to be detrimental to the safety, health or wellbeing to the his/herself or any other Member or Guest. **A freeze request cannot be retroactive.**

Name _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Requested Membership Freeze Date*: ____/____/____ Requested Membership Resume Date*: ____/____/____

Member Signature _____ Date ____/____/____

Members under 18: Signature of Parent or Guardian _____ Date ____/____/____

Check one: **GENERAL FREEZE ()** **MEDICAL DISABILITY FREEZE - DOCTORS NOTE ATTACHED ()**

***Please note: Although the Fitness Center will take into account the requested membership freeze date, the effective membership freeze date will be determined by management in accordance with the policies listed above.**

For office use only Member #: _____

Effective Membership Freeze Date: ____/____/____ Effective Membership Resume Date: ____/____/____

Membership Extended (Paid In Full Members Only) From: ____/____/____ Till: ____/____/____

Staff Signature _____ Date ____/____/____