Agua Caliente Aquatic Center

Request for Membership Freeze

Name:_____,_____
(Last Name) (First Name)

Phone Number:_____ Bar Code:_____

Medical Freeze: Same rules and fees as a Regular Freeze, however, if you have a medical condition that requires your account to be frozen for longer than 3 months, you can extend the freeze with a doctor's note. A $10/month maintenance fee will apply to the additional months.

Regular Freeze: You may freeze your account for up to 3 months per calendar year. Your monthly dues will be adjusted to reflect the number of active members on the account. If there are no active members on the account during the freeze, there will be a $15 processing fee as well as a $10 maintenance fee for the first month the account is placed on a freeze. Any following consecutive months will be charged a $10/month maintenance fee.

Type of freeze requested:

□ Medical Freeze □ Regular Freeze

Names of people you wish to freeze:_____

_____

_____

Start date of Freeze:_____ End date of Freeze:_____

If you are on Auto Pay, please check your payment method:

□ Credit Card □ Checking Account

Please Note: Frozen members are not permitted to use the facility.

Signature:_____ Date:_____
Must be primary member on account.