

# Recreation and Fitness Center Freeze Agreement



## MAIN MEMBER'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone [H W C]: \_\_\_\_\_

Membership/JSU Banner ID #: \_\_\_\_\_

I currently have a locker rental

Pay via Payroll Deduction

## ADDITIONAL MEMBER INFORMATION

Please list any additional members on your account that you wish to freeze.

I am only freezing the members listed below.

Member ID	Name	Membership	Locker
		<input type="checkbox"/>	<input type="checkbox"/>

## FREEZE PERIOD

Must specify the starting month of the freeze. Freeze period must be at least 1 month in duration.

Freeze Start: \_\_\_\_\_

Freeze End: \_\_\_\_\_

## ACKNOWLEDGEMENTS

Please initial:

\_\_\_\_\_ Payroll Deduction Only: I understand that freeze forms must be submitted to Member Services by the 15<sup>th</sup> of the month prior to be frozen to avoid charges for that month.

\_\_\_\_\_ Monthly Billing Only: I understand that freeze forms must be submitted to Member Services 5 days prior to the desired month to be frozen to avoid charges for that month.

\_\_\_\_\_ I understand that my membership will not be active, and I will not have access to the Recreation and Fitness Center during this period.

\_\_\_\_\_ I understand the all household members on my account will be frozen during my freeze period.

\_\_\_\_\_ I understand that my membership will become active and normal billing will resume at the end of the freeze period.

\_\_\_\_\_ I understand my freeze will not be processed unless I have a zero balance on my account.

\_\_\_\_\_ I understand that my locker will NOT be suspended when my membership is frozen.

\_\_\_\_\_ I understand that a freeze and the timing of the freeze may be granted at the sole discretion of University Recreation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Member Service Staff Use Only**

Form Received by: \_\_\_\_\_ Form Received on: \_\_\_\_\_

Processed by/on: \_\_\_\_\_