

# Kingborough Fitness Centre Membership Freeze

## Member Details

First Name	<input type="text"/>	Surname	<input type="text"/>
Member Number	<input type="text"/>		

## Freeze Policy (Terms and Conditions p.10).

### Using a 'membership freeze'

You can freeze your membership for one (1) or more fortnights, up to a maximum of four (4) fortnights each calendar year. Each time freeze must start and end on a direct debit date.

A Membership Freeze form must be completed in person at the centre at least seven (7) days prior to the period requested and cannot be back dated.

### Using an 'extended membership freeze'

You can freeze your membership for up to thirteen (13) fortnights in any twelve (12) months for travel, medical or bankruptcy reasons. However, we must be satisfied by your supporting documents, such as a certificate from a medical practitioner stating you are unable to exercise.

If you have a medical reason or become bankrupt, we will not charge you for this extended time freeze to allow you time to recover.

### Understanding the conditions

Before freezing your membership, you must ensure your fees are up to date and you do not owe the centre any money.

Note that we cannot backdate any time freeze requests. You must request a freeze when you need it.

## Membership Freeze

Date of Freeze Start	<input type="text"/>	Date of Freeze Finish	<input type="text"/>
Number of Fortnights	<input type="text"/>		
Reason for Freezing your Membership			
Illness	<input type="checkbox"/>	Injury	<input type="checkbox"/>
Holiday	<input type="checkbox"/>	Work	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	Financial Hardship	<input type="checkbox"/>

Other:

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

<b>Medical Certificate Required</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Medical Certificate Sighted</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Freeze Approved</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Freeze Entered on Database</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Staff Member</b>				<input type="text"/>	