MEMBERSHIP FREEZE FORM

First Name: …… (PRINT - BLOCK CAPITALS PLEASE)

Surname: …… (PRINT - BLOCK CAPITALS PLEASE)

Date of Birth: / /

Card Number (*e.g. CSA12345*):……

Email Address: ……

Contact Number: ……

What date/month do you wish to start to freeze your membership fee payments for ……

For how long would you like your Membership to be 'frozen' for? (Please tick which applies)

☐ 1 Month ☐ 4 Months

☐ 2 Months ☐ 5 Months

☐ 3 Months ☐ 6 Months

MEMBERSHIP FEES

ARE WITHDRAWN FROM YOUR ACOCUNT ON THE 1ST OF EVERY MONTH

14 days' notice is required prior to the next direct debit payment.

Gym Membership payments will restart automatically after the allocation time (as indicated above) has expired. No refunds will be given upon the activation of your account.

Signed: …….

Date: ……