

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Date: \_\_\_\_\_

## Edgewater Fitness Freeze & Cancellation Form

### Membership Freeze: (Min. 1 Mo. – Max. 4 Mos.)

*Must be submitted 5 days before next billing date for  
billing to freeze in time*

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Reason for Freeze:

\_\_\_\_\_  
\_\_\_\_\_

*Billing will stop during freeze period and the amount of  
time frozen is added to contract length if the member is  
still within their initial term.*

By signing below, the member states that they are providing their contracted notice before their next billing date for freezing or cancelling their membership, that the above information is correct, and that they agree to pay the associated fees for cancellation as specified in their contract.

Member Signature: \_\_\_\_\_ Gym Representative: \_\_\_\_\_

### Membership Cancellation:

Last Payment Date: \_\_\_\_\_ 1<sup>st</sup> 15<sup>th</sup> 25<sup>th</sup> \_\_\_\_\_  
Month (circle day) year

Fee:   **Month-to-month**   **None**  
      **3 EFT/In term**       **\$50**  
      **6 EFT/In term**       **\$100**  
      **12 EFT/In term**      **\$200**

Reason for Cancellation: Must select one or more

|                |                 |
|----------------|-----------------|
| Financial      | Medical         |
| Military       | Non-Use         |
| Relocation     | Rewrite         |
| School         | Work            |
| Other Facility | Other (Specify) |

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