



## Membership Freeze Form

**Reason:**

- Medical:** Allowed for up to one year for a medical condition which prevents exercising. Written verification by a physician may be required.
- Out of the Area:** Allowed ONCE per calendar year, for one to six months, for time out of the area. Verification of time away may be required.

**Details:** \_\_\_\_\_

**NOTE: Dates given for freeze length must be within the allowable freeze policy (see above).**

I will be on freeze from MM / DD / YY to MM / DD / YY No dues owed for time on freeze up to the allowed maximum.

**Membership dues will resume at the end of an allowed freeze period.**

\_\_\_\_\_ I understand that a \$78 membership maintenance fee will be automatically charged for any freeze  
(initials) greater than two months long.

\_\_\_\_\_ I understand that if I need to extend my freeze, I must do so in writing in-person or via mailed  
(initials) letter, email to info@peoplefit.net, fax to 781-491-0477, or our website: peoplefit.net/contactus

\_\_\_\_\_ I understand that I am encouraged, and may be required, to schedule a 1-on-1 appointment upon  
(initials) my return to ensure my exercise program is appropriate after my time away from regular exercise at Peoplefit. I understand that regular 1-on-1 service rates will apply. If charged, I may apply the \$78 maintenance fee toward this appointment cost if the appointment occurs within 30 days of the end of my freeze.

**Print Name (s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature (s)** \_\_\_\_\_

<b>OFFICE USE ONLY</b>		<input type="checkbox"/> \$78 fee owed
<b>NOTES:</b> _____		Fee paid via:
_____		<input type="checkbox"/> ___/___/___eft
Employee Signature: _____	Date: _____	<input type="checkbox"/> Front desk