

SAFA FITNESS CLUB

MEMBERSHIP FREEZE FORM

NAME: _____

MEMBERSHIP#: _____

MEDICAL & OTHER FREE

SAFA FITNESS CLUB is happy to accommodate our member who would like to freeze their membership for up to one 1 month per calendar year. The fee is 1000 per month or 10- to 15 fifteen days. Frozen and must be paid at point of freeze or changed to a credit card or checking account.

(Freezes must be in 30-day increments)

Member's Signature _____

Safa Fitness club Representative _____ **DATE** _____

MARKETING

ACCOUNTS

CLUB MANAGER