

MEMBERSHIP AGREEMENT FREEZE REQUEST FORM

Proactive Massage + Bodywork, LLC offers our Freeze option to members that may need to temporarily suspend their Membership Plan due to extenuating circumstances, such as extended illness, military leave, or temporary relocation. During the Freeze period, the member will not be required to make any of the regular monthly payments required under the Massage Membership Plan Agreement. During the Freeze period the member will not accrue any additional plan benefits including monthly Membership Plan Massages.

A Membership may Freeze for a minimum of one (1) month and a maximum of three (3) months. Memberships can only be frozen two (2) times in a twelve (12) month period for a maximum of three (3) months at a time. A membership must be unfrozen a minimum of thirty (30) days before it can be frozen again. A freeze fee of \$10 will be charged during the freeze period. A minimum of one (1) automatic payment must have been made before a Membership is eligible to be frozen. The Initial Term of the Member’s Membership Agreement will be extended by the length of the frozen period.

Member Name: _____ Date Requested: _____

Your Freeze period begins on: _____ and expires on: _____

Your regular monthly payments will resume on: _____

Number of accrued but unused Membership Massages currently available: _____

I, _____ acknowledge and agree that the Membership Plan Freeze option has been explained to me and I understand and agree that;

1. My regular monthly payments will resume on the date listed above.
2. My credit card will be automatically charged \$10 per month each month during the Freeze period.
3. No additional membership benefits, including monthly massages, will accrue during the Freeze period listed above.
4. I acknowledge and agree that the Initial Term of my Membership Agreement will be extended by the length of the Freeze period noted above.
5. I further acknowledge and agree that on the next scheduled automatic payment date after the Freeze period expires, my credit card will be automatically charged and will continue to be automatically charged, monthly thereafter for all future payments due under my Membership Agreement.

Member Name: _____

 Member Signature

 Date of Request

For Office Use Only

 Date Request Received

 Date Confirmation Email Sent

Staff Member Signature: _____