



## Cancel / Freeze Account Request Form

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

Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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I would like to give my 30 day notice to FREEZE my membership. I know that I will be billed 1/3 of my current monthly dues during this freeze status. The Freeze will be starting \_\_\_\_\_ ending \_\_\_\_\_.

I would like to UNFREEZE my membership and start my currently monthly dues. Date: \_\_\_\_\_

I would like to give my 30 day notice to CANCEL my membership and will turn in the membership card(s) and parking sticker(s) on my last day. Reason: \_\_\_\_\_

**For Admin Use Only**

Request Completed \_\_\_ Changed Repetitive \_\_\_ Changed Statement Status \_\_\_ Date \_\_\_ Initials \_\_\_