Palomar College Fitness Center
Membership Freeze Form

* Valid only for paid-in-full memberships

Name_____Date_____
First Last

SSN or ID # _____-_____-_____ Type of Membership:_____

Home # ( ) _____-_____ Other # ( ) _____-_____

Guidelines for Freezing a Membership

- All memberships must be frozen for a minimum of one month.
- During the frozen period I understand that I may not use the Palomar College FC.
- Frozen memberships must be for entire months, beginning on the first of the month.
- "Frozen" months will be added on to my membership in the following manner:
  Upon completion / submission of the Un-Freeze form all persons with "frozen" months will receive an extension of their original expiration date.

I have read and understand the guidelines for "freezing" my membership.

_____ _____
Member Signature Date

_____ _____
Employee Signature Date

FC Use

_____ Log-in computer updated _____ Quickbooks updated _____ Card Collected

_____ A copy of the this form is placed in member's file

***Place in Michelle's In Box. ***