

Date \_\_\_\_\_

**American Iron Barbell Club,**  
**LLC Freeze Request Form**

Membership # \_\_\_\_\_



Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**ALL FREEZE REQUESTS MUST BE SUBMITTED BEFORE BILLING DRAFT HAS BEEN SENT OUT FOR THE FOLLOWING MONTH i.e. by the 20<sup>th</sup> of given month**

I, \_\_\_\_\_, understand that this form is a request to freeze billing on my membership. Further, by signing this form, I acknowledge that my billing will stay in effect if there has been any items charged to my variable billing account. I understand I will be charged \$9 per month in order to maintain membership during all freeze periods. I understand freeze months do not constitute the one month notice to cancel and must still pay for a full final month in order to completely terminate membership.

Member Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Please advise how long you are requesting to freeze your membership:

- 1 month
- 2 months
- 3 months
- Indefinite

Comments:

For questions, please contact **American Iron Barbell Club, LLC** 757-369-5969

For Office Use Only:	
Date Received:	Date Terminated:
Staff:	Staff: