



YUBA CITY RACQUET & HEALTH CLUB

Request to Freeze Membership

Reason for Request to Freeze Membership (check one):

- Medical – must provide physician’s statement with request - \$0/month
- Regular – no other documentation necessary - \$15/month

The Membership Freeze program offers the member the option of putting their membership on hold provided that all following terms are met.

1. For your protection, no processing or change in billing will occur until a written “Request to Freeze Membership” with the member’s signature is received. **The request may not be taken verbally, by phone or e-mail.**
2. The Request to Freeze status must be received by the Accounting Department **by the 15th of the month** preceding the month that you wish to be on Inactive status.
3. A membership may be on Freeze status a minimum of one calendar month and a maximum of three calendar months per calendar year. **No partial months are allowed.**
4. Freeze may not be done retroactively. No refunds given for membership.
5. The membership dues will automatically reactivate on the first of the month following the Freeze period at the current rate for your membership type.
6. You may not use the club while on Freeze status. In the event that you check in while on Freeze, your account will be billed for dues for that entire month. You may not use guest passes while on Freeze.
7. If your request to be on Freeze is made during your first 12 months of membership and you have committed to paying dues for 12 months, your 12 month commitment date will be extended by the number of months that you are on Freeze.
8. Please fax this form to 530-673-4006, mail to YCRC Accounting Department 825 Jones Road, Yuba City, CA 95991, Or e-mail to shannon@ycrc.com
9. Please enter email address where you would like to receive your confirmation:
EMAIL: _____
10. If you do not receive confirmation of receipt, please assume we did not receive your request and contact the Accounting Department immediately at 530-673-6900 ext. 104.

I, _____, (PRINT NAME) request to place my YCRC membership on Freeze status from the first day of _____ (calendar month) to the last day of _____ (calendar month). I understand that my dues will reactivate on the first of the month following the Freeze period.

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|--|---|----------------------------|---------------------------|
| | | | |
| Signature | Contact number | Date | |
| | | | |
| | | | |
| Print Name | Address (street, city, state, zip code) | | |
| <i>office use only- print details on reverse</i> | | | |
| Date Received: _____ | Join Date: _____ | Bill date effective: _____ | Reactivation date: _____ |
| Date Processed: _____ | Commit: _____ | From \$ _____ to \$ _____ | From \$ _____ to \$ _____ |
| Employee: _____ | Ext. Date: _____ | Fax/mailed: _____ | |

MEMBER ID#: _____

EFFECTIVE DATE OF CHANGE: _____