

MEMBERSHIP FREEZE FORM



This form is an application to “FREEZE” your membership. At this time, there are three specific circumstances one can request a freeze. All requests must meet the requirements stipulated on this form and are subject to RAC Management approval.

You must **speak** with a Business Office associate before the application can be approved. Please specify your contact preference.

- I will call the Business Office during the hours of 8:00 A.M. – 5:00 P.M. Monday through Friday (507) 287-9315
- I would prefer a RAC Business Office associate to contact me during the hours of 8:00 A.M. – 5:00 P.M. Monday through Friday

Cell Phone #:

Work Phone #:

A membership FREEZE may be granted for a minimum of two (2) calendar months and a maximum of three (3) calendar months. Monthly dues will not be pro-rated. FREEZES are assessed in whole month increments only. Months must run consecutively.

Member Name: Email:

Street Address:

City: State: Zip:

DATES OF MEMBERSHIP FREEZE REQUESTED: PLEASE NOTE THAT THE MEMBERSHIP WILL BE REACTIVATED ON THE END DATE LISTED. THE ROCHESTER ATHLETIC CLUB BILLS DUES ONE MONTH IN ADVANCE.

FROM: THE FIRST DAY OF TO: THE LAST DAY OF
MONTH MONTH

TYPE OF MEMBERSHIP FREEZE REQUESTED: Please note that if either medical or transferred out of town for business are checked an employer/physician written verification must be attached to this form.

- Medical (prolonged illness or injury)
- Transferred out of town for business
- Financial hardship

Member's Signature: Date:

FOR OFFICE USE ONLY	Membership Join Date: <input type="text"/>	Today's Date: <input type="text"/>
	Dues Adjustment: <input type="text"/>	Membership Type Change: <input type="text"/>
	Adjusted By: <input type="text"/>	