



MEMBERSHIP FREEZE REQUEST

Member Number: _____

Member Name: _____

I am hereby requesting that my membership be frozen for the month(s) of:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> January 200__ | <input type="checkbox"/> May 200__ | <input type="checkbox"/> September 200__ |
| <input type="checkbox"/> February 200__ | <input type="checkbox"/> June 200__ | <input type="checkbox"/> October 200__ |
| <input type="checkbox"/> March 200__ | <input type="checkbox"/> July 200__ | <input type="checkbox"/> November 200__ |
| <input type="checkbox"/> April 200__ | <input type="checkbox"/> August 200__ | <input type="checkbox"/> December 200__ |

I understand that:

- I am eligible to Freeze my membership for any 3 *calendar* months during my membership year. (Not eligible on 3-month Prepay Membership)
- I will not be billed for the month(s) nor will I have to pay a membership fee to restart my membership.
- My Freeze(s) is not effective until a signed Freeze Request has been submitted in person, by fax or mail AND a \$5/month Freeze fee has been received.
- Freeze Request and fee(s) must be submitted and received by the 20th of the month prior to requested freeze month(s) to be honored.
- Freezing my membership is not to be construed as termination of my membership.
- If I elected the 6-Month Contract option and have not fulfilled my contract obligation, I understand that to fulfill my contract, my obligation will be extended one calendar month per month of Freeze.

Signed

Date

Inner Peaks Climbing Center
Phone: 704-844-6677 Fax: 704-844-6602

Staff Use:

Staff: _____ Amount Received: \$ _____ Date Rec'd: _____

VS/MC/Disc/AmEx _____
Acct Number Exp. CV#

(Rev. 02/01/08)