



YMCA of the Northern Sky

MEMBERSHIP FREEZE

Name _____ Date of Birth _____

Email _____

REASON FOR FREEZE:

- ☐ Seasonal
- ☐ Medical Reasons
- ☐ Financial
- ☐ Other

FREEZE MEMBERSHIP FOR:

- ☐ 1 Month
- ☐ 2 Months
- ☐ 3 Months

A \$5.00 fee will be charged on your regular draft date for each month your membership is on freeze.

Deadline to submit freeze request: 25th of the month prior to the freeze beginning.

Your membership is paid and will remain active through: ____/____/____

And will restart AUTOMATICALLY on: ____/____/____

Membership Freeze can be placed 3 months per calendar year. Months do not need to run consecutively.

I hereby request that my membership be put on freeze for the time period listed above and agree to pay \$5.00 per month for this service. I understand that I will not have facility access during that time. I also understand that my membership will automatically resume at the regular monthly rate on the date listed above.

If I wish to restart my membership early, I agree to pay a pro-rated membership fee for the dates between my rejoin date and my next regular monthly draft date.

I understand that if I decide to cancel my membership, I must cancel in writing to avoid future drafts.

Member Signature: _____ Date: _____

Staff: _____ Date: _____

Branch Location: _____

Membership Type: _____

YMCA of the Northern Sky

Fercho | 400 1st Ave S | Fargo ND, 58103

Schlossman | 4243 19th Ave S | Fargo ND, 58103

Fergus Falls | 1164 N Friberg Ave | Fergus Falls, MN 56537