

OCCUPATIONAL HARDSHIP FREEZE

Name: _____ Member #: _____

Please FREEZE my Summit account for an Occupational Hardship.

Months Requested (up to 3 consecutive months): _____

- I understand that in order to freeze for a given month, that Member Services must be notified **3 business days prior** to the month of the requested freeze. If I do not give the required notice, I understand that additional fees may be assessed.
- Logan Health Medical Fitness Center allows a 3-month maximum Hardship Leave when a change in occupational status necessitates an absence from monthly dues.
- The leave is available at no charge.
- Written verification from employer must be provided at the time of request.
- During a freeze, account members are not able to access LHMFC using their LHMFC membership privileges, nor do they have access to their account guest passes.

Please review the following options and select the one that best fits your preferences.

_____ I have fulfilled my 12 month new member agreement with LHMFC and wish to cancel my membership effective _____.

- I understand that if I chose to rejoin at a later date, another registration fee will be required.

_____ I have fulfilled my 12 month new member agreement with the LHMFC and wish to resume my membership effective _____.

_____ I have NOT yet fulfilled my 12 month new member agreement with LHMFC and understand that I am expected to fulfill this agreement at the end of the freeze.

- Effective _____, monthly billing will resume at \$_____/month. My contract will be fulfilled on _____ and will continue month to month after that date until a cancellation is received.

Signature: _____ Date: _____

For more information please contact the Member Services Office at 751-4107.

ACCOUNT CHANGE REQUEST: Received by: _____	Date: _____
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