

MEMBERSHIP FREEZE FORM

Date: _____

Primary Member Preferred Name: _____
First MI Last

Household Member Preferred Name: _____
First MI Last

Household Member Preferred Name: _____
First MI Last

Minor Member Preferred Name: _____
First MI Last

Minor Member Preferred Name: _____
First MI Last

More than two Household Members or Minor Members, please list below:

Deduction Type: ☐ Credit/Debit Card ☐ UAB Payroll Employee Number: _____

Payroll Status: ☐ Monthly ☐ Bi-weekly

Address: _____

Phone Number: _____

E-mail Address: _____

Please check all of the monthly deductions you would like frozen:

- ☐ Platinum Member ☐ UAB Employee ☐ Alumni ☐ Recent Alumni
☐ Colleague ☐ Household Member ☐ Minor ☐ Retiree

Please take a moment to tell us why you are freezing your monthly deductions:

When freezing your membership you must provide the Office of University Recreation **with 45 days notice** prior to the 1st of the month which you would like frozen. For example, if you plan to freeze your membership on August 31, you need to return this form on or before June 15. You can freeze your membership as many times as is needed, but you must freeze for a minimum of 1 month or a maximum of 6 months. **You cannot freeze your membership for more than 6 months.**

45 Day Freeze date: _____

Re-Start Date: _____

Signature of Participant: _____