

CHAMBERLAIN STUDIOS OF SELF DEFENSE™

MEMBERSHIP FREEZE

Criteria for Eligibility

1. The membership freeze option must be for a minimum of 1 month and may not exceed a maximum of 3 months.
2. A membership freeze will be in effect from the first day of the month and continue through the last day of the month. A membership freeze may not be implemented midmonth.
3. Memberships are eligible for freeze one time during a 12 month calendar period.
4. Memberships will be reinstated at the current fee structure.
5. The monthly fee to freeze a membership is \$10 per month, per membership and will be billed in the same format your monthly dues are billed.
6. During the freeze period, members are unable to access the facilities until the reactivation date.
7. Requests for membership freeze must be made in writing to the headquarters office at Bachman lake.
8. A medical freeze must be accompanied by a physician's letter stating the dates the member is not able to train at Chamberlain Studios™. Medical freeze is honored without charge only after the physician letter has been received by the business office. Re-instatement must be accompanied by a physician release for activity.
9. If during the freeze period a member wishes to reactivate their membership, the remaining balance on pro-rated dues must be paid at that time.
10. Any request to extend a reactivation date must be received in the business office prior to the 25th day of the preceding month. A membership freeze may not exceed a total of 3 months.
11. Any member terminating their membership during a membership freeze will be responsible for providing Chamberlain Studios with a 30 day written notice and payment of any dues and/or applicable termination fee.

Member(s) on freeze: _____

Type of freeze requested: Membership freeze Medical freeze

Effective Freeze Date: _____ Reactivation Date: _____

I hereby authorize Chamberlain Studios of Self Defense™ to change my membership status as outlined above. I understand that I will be charged \$10 per member, per month for up to a total of 3 months. If the medical freeze option is chosen, a physician letter must be attached to avoid applicable fees. I understand that my monthly payments will resume on the reactivation date at the rates in effect at the time of my reactivation.

Member Signature

Date:

CSSD Representative

Chamberlain Studios of Self Defense™

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