EVOLUTIONS
Fitness & Wellness Center

A Service of Tulare Local Healthcare District

Policy Name:	Membership Suspension/Freeze Policy
Policy Number:	
Version Number:	001
Approved by Board on:	
Scheduled review date:	

Purpose

To provide flexibility for our members, memberships may be temporarily suspended (or "frozen") for a specific period of time ("Freeze Period") under the following conditions:

Medical Freeze

Members who are unable to use the facility due to a medical condition may request a complimentary membership freeze.

- A written note from a licensed healthcare provider is required.
- Medical freezes are provided at no charge.
- The approved Freeze Period will be based on the healthcare provider's recommendation, subject to management approval.
- Medical freeze requests should be submitted as soon as reasonably possible and cannot be applied retroactively.
- Medical freezes do not count toward the annual limit on membership freezes (see below).
- Monthly membership dues will be suspended during the approved medical Freeze Period.

Non-Medical Freeze

Members may request a membership freeze for personal reasons.

- A $15.00 per month fee will be charged for each month the membership is frozen for personal (non-medical) reasons.
- Members may request up to two (2) non-medical freezes per calendar year.
- Each non-medical freeze must be for a minimum of 30 consecutive days and a maximum of 90 consecutive days.
- A minimum of 30 consecutive days of active membership is required between any non-medical Freeze Period.
- Non-medical freeze requests must be submitted prior to the requested freeze start date and cannot be applied retroactively.

Extended Non-Medical Freeze Requests

In special or unforeseen circumstances, members may request a non-medical freeze exceeding the 90-day maximum. Requests must be submitted in writing and are subject to review and approval by management. Approval of extended freeze requests may be granted at the sole discretion of management and is not guaranteed. If approved, the applicable monthly fee will continue to apply unless otherwise authorized by management.

General Terms

- Memberships must be in good standing, and all outstanding balances must be paid before a Freeze Period can be approved.
- Membership privileges, including access to the facility and programs, are suspended during the approved Freeze Period.
- Memberships will automatically reactivate on the scheduled end date of the approved Freeze Period unless other arrangements have been approved by management in writing.
- Freeze requests are subject to management approval.
- Management reserves the right to request additional documentation for medical freeze requests and to deny, modify or cancel any Freeze Period that does not comply with this policy.

Advance Notice Requirement

- To allow sufficient time for processing and billing adjustments, all Freeze Period requests must be submitted **no later than ten (10) days prior to the first day of the month** in which the requested Freeze Period is to begin. For example: To begin a Freeze Period on **July 15th**, the completed Membership Suspension Request Form and any required supporting documentation must be received by **June 20th** (10 days prior to July 1st).
- Requests received after the deadline will be processed for the earliest available suspension start date and may not take effect until the following month.
- Members are responsible for all membership dues that become due before an approved Freeze Period takes effect and after the approved Freeze Period expires or is terminated.

Effect of a Freeze on Your Membership Agreement

While a membership payment obligation is temporarily suspended during an approved Freeze Period, the requesting member is still required to meet all other contractual commitments. For memberships with a minimum term, including 12-month agreements, the membership agreement and contract end date will be extended by the exact length of the approved Freeze Period.

Membership Suspension Request Form

Member Name: _____ **Member Number:** _____

Requested Suspension Start Date: _____ End Date: _____

Reason for suspension request (circle one):

Medical Out of Town Other: _____

*Documentation included: YES___ NO___

Member Signature: _____ Date: _____

Employee Name: _____

*Documentation must be included for non-charge medical suspension requests. Attach request form to documentation. Non-medical suspensions are charged $15 per suspended month.

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*Documentation included: YES___ NO___

Member Signature: _____ Date: _____

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