



Membership Freeze Request Form

Member Name: _____

Member Phone Number: _____

Date Request Membership to be frozen: _____

Date Request Membership to be Unfrozen: _____

I request to freeze my membership at Dharamsala TC. By signing this form, I acknowledge the following:

- I will incur a \$15/mo. charge on my account on my current billing date.
- I understand that I must freeze my membership for at least one full month and may not exceed more than 3 months.
- I understand I cannot unfreeze my membership until the month is completed.
- If I choose to attend classes while my membership is frozen, I must pay drop-in rates at 100%, or purchase additional package options.
- I understand that if I choose to freeze my membership mid billing, my membership billing date may change, the system will add the remaining days of my billing period onto the month once unfrozen.

Signature of Member: _____

Date: _____

PLEASE FILL OUT THIS FORM AND EMAIL IT TO JOHANNAH@DHARAMSALATC.COM

Requests can take up to 72 hours to process.

For Office Use Only:

Number of Freeze Months Used: _____

Total Membership Freeze Fees (\$15/mo): _____

Signature of Employee: _____

Date: _____