

# Dexter Wellness Center

## Membership Bridge/ Medical Freeze Request



### General Information

Member(s) Name*				Date	
Member ID				Membership Type	
Address	City	State	Zip		
Email Address*				Phone*	

\*Required fields

### Request Details

(Choose Bridge or Medical Freeze and mark as applicable; refer to the [Membership Bridge/Medical Freeze Policy](#) document for guidelines)

**Optional Bridge:**       Member Listed Above Only       Entire Membership

**Relocation Bridge:**       Member Listed Above Only       Entire Membership

Address	City	State	Zip		
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**Medical Freeze:**       Member Listed Above Only       Entire Membership

Requested Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Requested End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By signing below you acknowledge that you have read and agree to the terms and conditions within the Membership Bridge/Medical Freeze Policy. Any adjustments to account billing will begin once your bridge/freeze becomes effective or with the first billing cycle after approval based on the timing of your request.

\_\_\_\_\_ Member Initials – I understand during my bridge/freeze I shall not have access to the Center except for community events open to members and non-members (Exception: Members on a Bridge may purchase a Bridge Day Pass to use the facility). I also understand at the conclusion of my bridge/freeze dues adjustments, membership charges/billing will resume.

Member Signature	Date
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Employee Signature	Date
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### For Office Use Only

Approved       Not Approved      # Months Approved \_\_\_\_\_      # Additional Days Approved \_\_\_\_\_  
(Medical Freeze Only)

Billing Adjustments Begin	Billing Adjustments End
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Total Monthly Dues
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Yearly Expiration Extension:      From \_\_\_\_ / \_\_\_\_ / \_\_\_\_      To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments
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Accounting Staff Signature	Date
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