



# 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.)

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

- Bridge:**                     Member Listed Above Only                     Entire Membership
- Medical Freeze:**         Member Listed Above Only                     Entire Membership
- Relocation Bridge:**     Member Listed Above Only                     Entire Membership

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing below you acknowledge that you have read and agree to the terms and conditions within the Membership Bridge/Medical Freeze Policy.

\_\_\_\_\_ **(Member Initials)** I understand that at the conclusion of my bridge/freeze period, my membership will become active and membership charges/billing will automatically resume. I also understand that if I have an active Remote Health and Fitness Coaching program enrollment contract, and my center membership is **approved for a bridge**, my Remote Health and Fitness Coaching program will remain active and will continue to bill on a monthly basis until my Remote Health and Fitness Coaching program is canceled as set forth within my Remote Health and Fitness Coaching program contract; my Remote Health and Fitness Coaching program will continue to be available to me throughout the duration of my bridge. If I have an active Remote Health and Fitness Coaching program enrollment contract, and my center membership is **approved for a medical freeze**, my Remote Health and Fitness Coaching program will be canceled as set forth within my Remote Health and Fitness Coaching program enrollment contract. I also understand that 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.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Send to [kkahler@powerwellness.com](mailto:kkahler@powerwellness.com)

### For Office Use Only

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

Billing Adjustments Begin \_\_\_\_\_ Billing Adjustments End \_\_\_\_\_

Total Monthly Dues \_\_\_\_\_

Yearly Expiration Extension:    From \_\_\_\_/\_\_\_\_/\_\_\_\_    To \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accounting Staff Signature \_\_\_\_\_ Date \_\_\_\_\_