

To be completed by a Member Services Representative:

Draft Date:

Received By:

Date:



YWCA Greenwich Freeze Request Form

As a Full member, you may request to freeze your membership for a period of up to three months.

A \$25 monthly fee will be charged to your account during the freeze period.

Member's Name:

Membership Type: Adult Au Pair Family Senior Senior Couple Student

Address:

City, State Zip:

Telephone:

Email Address:

Please freeze my membership for: One month Two months Three months
(Please Circle One.)

Freeze period from:

Resume on:

Reason for Freeze Request:

Member's Signature:

Date:

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Freeze granted: Yes or No If no, why?

Freeze completed by: Date:

Date regular membership fees will resume: