



COVID FREEZE REQUEST FORM

Primary Member's Name _____ Member # _____ Member Type _____
Phone _____ Email Address _____

Please list the subordinate members *currently* on the account that you are requesting the freeze for:

- 1. _____ 3. _____ 5. _____
- 2. _____ 4. _____ 6. _____

Requested Freeze Begin Date: _____

Reason for Freeze: _____

By completing this form, I am requesting that my membership be put on hold for a maximum of 6 months, and I understand that my membership will automatically reactivate on the thaw date notated below. Freeze requests **MUST** be submitted by the end of the month prior to the requested freeze begin date in order to stop billing before the draft occurs. Therefore, I understand that if my request is made the same month of the requested freeze, I may be charged dues for the month that the freeze begins on my membership, and the billing would then be postponed to automatically restart a month from the date that the account is thawed. If I have signed a 12-month agreement that has not yet been fulfilled, I understand that the duration of the freeze will extend my contract fulfillment to a later date to ensure that I have honored the 12-month obligation in full.

Member's Signature _____ Date _____ Staff Signature _____

*** Return completed form to: LACMemberServices@lacollege.edu ***

THIS SECTION TO BE COMPLETED BY LAC MANAGEMENT ONLY

Effective Freeze Date: _____

Effective Thaw Date: _____

Billing Pause Date: _____

Billing Resume Date: _____

Manager Notes: _____

Management Signature: _____ **Date:** _____