



FREEZE FORM

Date: _____

Member Name: _____

Phone Number: _____

Email Address: _____

Company: _____

I, _____, request that my membership with CAC be frozen from _____ to _____. If my billing date is within the next 7 days, I understand that I will be billed the full amount for my next scheduled payment and will have a credit upon my return. I understand that my membership will resume automatically 1 (one) day after the end freeze date.

Max freeze time per calendar year is 3 months, unless a doctor's note is provided.

Reason for Freeze: _____

Member Signature: _____

See you soon!
Stay happy and healthy,
-The Team at CAC