



Membership Freeze Request

Member Name: _____ Date: _____

Please **INITIAL** each line below:

_____ I understand that I am suspending my membership, including all access and privileges, effective immediately.

_____ I understand that freezing my membership may occur only once per calendar year for a minimum of 1 billing cycle and a maximum of 3 billing cycles.

_____ I understand that my membership billing will be automatically reactivated on the date specified below, restoring all membership privileges.

_____ I understand that if I decide to cancel my membership at any time during the Membership Freeze, I am responsible for the final 2 billing cycles as specified in the initial membership agreement.

Member Signature: _____ Date: _____

LSF Staff: _____ Date: _____

STAFF ONLY

Freeze Start Date: _____ Duration: _____ Billing Resumes: _____