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MEMBERSHIP FREEZE REQUEST

Member(s) Name & Tag(s) # (Please Print): _____

I am hereby requesting that my membership be frozen effective _____ 1st, 2018.
(Month)

I understand that:

- During this time I will pay a monthly fee of \$10
- Freeze requests must be submitted by the 27th day of the month. If received after, the freeze will take effect the following month
- Freezes start and are billed on the first of the month
- Once membership is reactivated, BoulderDash will charge a pro-rated amount for the days remaining in the month
- To unfreeze my membership, I must request in writing with the restart date
- I am not eligible for Membership Benefits during this time
- **My billing information must be kept current and failure to do so will result in my membership being automatically cancelled after 30 days and any initiation fees will apply**

Signature

Date

Below is for Staff Use

Date Received _____

RGP Input _____

Converge Input _____

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