Skin365 *Membership* Program Freeze Request

Version 12-20-2016

Membership Freeze Request Form:

Name: _____ _____ _____
Last *First* *M.I.*

Cell Phone: (_____)_____ **Home Phone:** (_____)_____

Email: _____

Current Membership Payment Plan

☐ Monthly Paymentsð **$99 (per month)** ☐ Year paid in fullð **$1188**

There may be a time you would like to freeze your membership due to extenuating circumstances such as extended illness, military leave or temporary relocation. You must be a member for at least 30 days, and have made at least one monthôs membership payment in order to be eligible to freeze your account.

Memberships may be frozen once during your annual contract period, for a minimum of 30 days and a maximum of 3 months. The member may designate a date to end their freeze period any time after the minimum 30 day term. If no end date is given, the membership will be frozen for the full 3 month freezing period. At the end of the membership freeze term, monthly payments will continue with your next scheduled electronic funds transfer date. Your initial membership expiration date will be extended by the amount of time that your membership was frozen.

☐ 1-month Freeze ☐ 2-month freeze ☐ 3-month freeze

Requested Membership Freeze **Start Date**: _____/_____/_____

Requested Membership Freeze **Resume Date**: _____/_____/_____

Member Signature: _____ **Date:** _____/_____/_____

Office Use Only

Member Account #: _____

Effective Membership Freeze **Start Date**: _____/_____/_____ Effective Membership Freeze **Resume Date**: _____/_____/_____

Membership **Initial Start Date**: _____/_____/_____ Updated Membership Extension Date: _____/_____/_____

Staff Name: _____ **Date:** _____/_____/_____

THREE RIVERS DERMATOLOGY
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