



General Membership Freeze Request Form



Date: _____
(must be received 1 week prior to request)

Name: _____

Dates Requested: _____

Reason for Freeze: _____

Signature: _____

Type: General Medical

- *General ***
- Applies to Annual memberships only
 - No more than 2 times a year for membership freeze
 - Minimum 2 weeks freeze or Maximum 3 months freeze

- *Medical***
- Applies to 1 month, 3 month & Annual memberships
 - Must be a minimum of 1 week which begins on the day written notice and doctor's note is received by the SVCUAC

*** Please Note***

Swan Valley Credit Union Aquatic Centre will not accept any retroactive requests

FOR OFFICE USE ONLY

Date received by CSR: _____

Kind of Freeze: General

 Medical

Date written note received: _____

Date medical note received: _____

Active Net dates adjusted: Original: _____

 Adjusted: _____

Staff Signature: _____