

MANEEMA MUAYTHAI

MEMBERSHIP FREEZE FORM

MEMBERS INFORMATION

FULL NAME:	
DATE OF BIRTH:	AGE:
ADDRESS:	
CITY:	POSTCODE:
E-MAIL:	PHONE:

REASON FOR HOLD

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FREEZE START REQUEST: _____

FREEZE END REQUEST: _____

1. PLEASE NOTE:

- 2 WEEKS NOTICE PRIOR TO NEXT PAYMENT CYCLE IS REQUIRED TO PUT YOUR MEMBERSHIP ON HOLD
- \$5/WEEK FREEZE FEE APPLIES

SIGNED: _____

DATE: _____

EMAIL COMPLETED FORM TO HELLO@MAMUAYTHAI.COM.AU