



HOLMES PLACE
PREMIUM FITNESS CLUBS

APPLICATION FOR TEMPORARY FREEZE OF MEMBERSHIP

CONTRACTUAL PARTNER

Membership number

APPLICATION FOR FREEZE

- | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April |
| <input type="checkbox"/> May | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> August |
| <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

For the year: _____

Please note, that you can freeze for a minimum period of one full calendar month and a maximum period of three months. Processing of your freeze is only possible if the required documents are attached. Freeze of membership cannot be back-dated.

REASON FOR FREEZE (please tick box):

- Illness (please enclose a doctors certificate from a medical specialst)
- Job travel (please enclose a letter of confirmation from your employer)
- Pregnancy/Childbirth (please enclose a copy of your „Mutter-Kind-Pass“)
- Army/Alternative Civilian Service (enclose a copy of your Army/Alternative Civilian Service ID)

The member applies for a temporary freeze of Membership. The acceptance and enforcement is decided by the management. The Member will be contacted within 7 working days, if documents are missing or if the application is not approved. **If the Freeze is granted, the binding period of the Membership Contract is prolonged by the number of months of the freeze. The freeze fee is € 18,- per month and will be deducted at the first of the month.** Please make sure to hand in the application and documents on time (Application for the following month to be handed in by the 25th of the current month, at latest). Retroactive freezes are not accepted.

To be completed only by the employee

Holmes Place Wien Gmbh confirms the acknowledgment of submitted documents.

Period of validity

Staff Initials, signature employee

Place, Date, Signature (Member)

Place, Date, Signature (Holmes Place Wien GmbH)

