Membership Suspension/Freeze Form (Updated Dec 2019)

Please complete this form (Pages 1 and 2) in its entirety and email it to membership@shantihotyoga.com, bring the form in person, or mail it via certified mail with delivery confirmation to Shanti Hot Yoga 8770 Washington Blvd. Ste. A, Culver City, CA 90232.

Your form is considered received on your date of email, physical mail receipt date, or in person when staff acknowledged date of receipt as signed upon receiving. Suspensions require 10 days notice before your suspension start date.

Members may suspend for up to 60 days per calendar year and benefit from maintaining the member's current rate through and after the suspension period! If a member terminates the membership during or after the suspension, the current rate will be forfeited, and may later apply for membership at the prevailing (potentially higher) rates. 1st Suspension is complimentary. $10 fee for each one thereafter.

Member's Name: _____

Member's Email Address: _____

Member's Phone Number: ( ) _____ - _____

Date Requested for Suspension (freeze) (must be no sooner than 10 days after the date of submitting this signed form): _____ / _____ / 20_____

Will you be leaving town during your suspension (freeze)? Yes _____ No _____

Reason for Suspension: _____

I would like to suspend my membership at no fee for the 1st suspension and $10 thereafter for each suspension (and maintain my current membership rate).

For a duration of _____ (14 days) _____ (30 days) _____ (40 days) _____ (60 days)

Method of Contact: _____(in person) _____ (by email)

X_____ Member's Initials (Page 1) Please continue to the next page (Turnover) to sign . . .

If there is any way we can improve your experience with us and/or continue to support your yoga journey, please let us know. ☺ Your feedback supports our evolution.

_____

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By signing below I acknowledge that my monthly autopay will reactivate after the end of the suspension/freeze period and my monthly payment will restart at that time. I also understand that my monthly auto payment date may change as a result of this suspension.

Member's Signature: X_____   **Today's Date: /   / 20**

Internal Use Only

Signature of receiving staff and date (Required if submitted in person)

Print Name: _____ Sign: _____ Date: /   / 20