

DALLYON INC.
 9410 Prototype Drive, Suite #18
 Reno, NV 89521
 (775) 853-6611

THIS BOX IS FOR OFFICE USE ONLY

Member #:

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Date:

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MEMBERSHIP FREEZE REQUEST FORM

EXIT INTERVIEW Complete ALL sections, sign and mail (PLEASE PRINT CLEARLY)

Please fill in the information below with your Name, Email, etc. to start the process for requesting a membership freeze. Any request must be approved by ASF billing department and the Dallyon Center corporate office. Your account will be frozen upon approval in writing via email or written approval 30 days after receipt of this letter. You may send it to: Dallyon Center 9410 Prototype Drive, Suite #18, Reno, NV 89521. Please attach any necessary document for approval the process, (like doctors note or airline ticket copies). Any payments due within the 30 days will remain in full affect of your membership agreement.

1 Month Freeze

2 Month Freeze

Reason for request to freeze: _____

Complete ALL sections, sign and mail (PLEASE PRINT CLEARLY)

First Name:

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Last Name:

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Birth Date:

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Home Phone:

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Work Phone:

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E-mail Address:

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Current mailing address:

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City:

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State:

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Zip:

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I understand and agree that the Dallyon Center must receive the request form below within 30 days prior to date of freeze request. Not all requests are approved, most Medical or Injury and country leave of absence are noted reasons for request. The maximum number of frozen months is 2 per 18 month contract agreement & 1 per 12 month contract arement, which only pushes your agreement forward by the requested number of months. This does not cancel out any monthly payments owed under the membership agreement and the freeze fee payment is \$10 per month.

Signature

Date

Print Name

This MUST Be Signed and Dated in order to process freeze