LIBERTY FIREARMS INSTITUTE MEMBERSHIP FREEZE REQUEST FORM

Please fill out this form completely and send it back via email to MemberServices@LibertyRange.com or fax to 970-578-0722 and we will email a confirmation receipt for your records within 48 hours.

Liberty Firearms Institute Freeze Policy:

You may freeze your membership at any time; once per calendar year for a minimum of one (1) calendar month and a maximum of three (3) consecutive calendar months. A Member must be in good standing and current with membership dues at the time of request. During the membership freeze period, no dues will be collected. Memberships will be reactivated automatically at the end of your freeze period.

Please note that a frozen Couples or Family Membership means all membership amenities will be unavailable to all associated parties during this period of time.

To help LFI members with special medical circumstances or with personal extenuating circumstances for not utilizing the facility for longer periods of time, LFI will allow members to freeze memberships within certain guidelines on a case by case basis. Notice and confirmation of any freeze must be secured before the freeze period begins. Freezes are available in increments of one (1) month and allow members to freeze their membership up to six (6) months in a calendar year. There is no fee to freeze a membership and the freeze period can start on any day of the month.

Section 1: To be completed by Member:

Primary Account Holder

Full Name (Printed): _____

I, _____, authorize Liberty Firearms Institute to freeze my membership for the following length of time. I acknowledge that the freeze procedures have been explained to me and understand that my billing cycle will reactivate automatically according to the dates that I have provided.

Start Date *End Date*

Freeze Dates Requested: _____

Primary Account Holder

Member Signature: _____ **Todays Date:** _____

Section 2: To Be Completed by Staff Member

According to the dates set for the freeze, the next scheduled monthly due will be processed on _____/_____/_____

Authorized By: _____ **Date:** _____