

# Des Moines Jiu-Jitsu Academy Cancellation/Freeze Form

To cancel or freeze your membership at the Des Moines Jiu-Jitsu Academy, please complete the form below.

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Daytime Phone** \_\_\_\_\_  
**Evening Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

Action Requested (circle one): Freeze Membership or Cancel Membership

We appreciate your business and would like to know how to improve our services. Please provide the primary reason for discontinuing or freezing your membership (circle all that apply):

- Moving
- Joining another martial arts studio
- Too costly
- Poor service from staff
- Lack of time to work out
- Medical reasons
- classes overcrowded
- Inadequate equipment
- Inadequate Jiu-Jitsu program
- Inadequate Muay Thai program
- Inadequate parking
- Loss of motivation
- Other (please explain): \_\_\_\_\_

I understand that Des Moines Jiu-Jitsu Academy requires 14 days written notice to freeze or cancel membership and that my account may be charged the monthly rate if today's date falls within 14 days of the next billing cycle.

**Initial:** \_\_\_\_\_

### Cancelled Membership:

By maintaining my current membership, my rates are guaranteed. I understand that if I reinstate my membership at a later date, my rates will be increased to the current monthly dues and all current registration fees may be assessed. I understand it is my responsibility to ensure that all billing has stopped and I will retain a copy of this Membership Cancellation form as my receipt and contact Des Moines Jiu-Jitsu Academy immediately if billing has not ceased as it was intended.

**Initial:** \_\_\_\_\_

### Frozen Membership:

By maintaining a frozen membership, my rates are guaranteed and all registration fees will be waived. I understand that the frozen membership fee is \$10/month on the clients standard billing cycle. I understand it is my responsibility to ensure that billing has changed to the frozen rate of \$10/month and I will retain a copy of this Membership Freeze form as my receipt and contact Des Moines Jiu-Jitsu Academy immediately if billing has not ceased as it was intended.

**Initial:** \_\_\_\_\_

**Signature of DMJJA Member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Signature of DMJJA Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_