



YMCA CANCELLATION NOTICE

Removal from membership

Primary Member's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Member ID#: _____

Membership Type: (Circle One)

Adult 2 Adults Family Senior Senior Family

SPF Student Young Adult Youth

Reason for Termination: (Circle One)

Financial* No longer using Medical Moving

*No one is turned away due to inability to pay. If you would like to be considered for financial assistance, please ask for a financial assistance packet.

Dissatisfaction: Facilities Programs Crowding Service

Unsatisfactory: Facilities Programs Crowding Service

Please explain: _____

Cancellation by the 15th of the month guarantees cancellation for the same month. Cancellation after the 15th of the month guarantees cancellation for the next month.

Member's Signature: _____

STAFF ONLY:

Staff Initials: _____ Notice Given: In-person OR by mail/email Date received: _____

What did we do to try to "satisfy" or "keep" this member:
