

# YMCA of Cass & Clay Counties

## MEMBERSHIP

### CANCELLATION FORM

Member ID#: \_\_\_\_\_

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

Computer Input: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

#### Reason for leaving the YMCA:

(1) \_\_\_\_\_ Moving LESS than 25 miles from F-M area

(2) \_\_\_\_\_ Moving MORE than 25 miles from F-M area

(3) \_\_\_\_\_ No longer using facility  
Reason: \_\_\_\_\_

(4) \_\_\_\_\_ Financial Reasons

(5) \_\_\_\_\_ Drop for summer or winter

(6) \_\_\_\_\_ Medical reasons

(7) \_\_\_\_\_ Switching to another facility  
New Facility: \_\_\_\_\_  
Reason: \_\_\_\_\_

(8) \_\_\_\_\_ Staff Termination

(9) \_\_\_\_\_ Unsatisfactory facility (please give example)

(10) \_\_\_\_\_ Unsatisfactory service (please give example)

(11) \_\_\_\_\_ Other (please explain)

**Please note: Memberships must be cancelled by the 30th of the month to avoid future drafts. Your last draft was/will be on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**To help us ensure future quality at the YMCA, please answer the following questions:**

What was the #1 reason you joined the YMCA?

How likely are you to rejoin the YMCA?

Do you have any suggestions to help us improve our facilities or programs?

**Please rate each category on a scale of 1-5, with 5 being excellent:**

_____ Cleanliness of facility	_____ Staff friendliness
_____ Information available	_____ Staff knowledge
_____ Equipment	_____ Membership Value
_____ Hours of Operation	_____ Quality of Programs
_____ Facility Safety	

I hereby request that the monthly membership payment which is drawn on my account be ended. I understand that memberships must be cancelled by the 30th of the month to avoid future drafts. If I stop payment on the final draft, I will be charged the service charges incurred by the YMCA of Cass & Clay Counties. I also understand that if I allow my membership to lapse for more than 30 days and choose to start my membership again, I will pay the enrollment fee again. Your copy of this form is proof that you have cancelled your draft with the YMCA of Cass & Clay Counties. Please keep a copy for your records, as the YMCA of Cass & Clay Counties cannot give refunds or credits unless you have proof of cancellation.

Date: \_\_\_\_\_ Member Signature: \_\_\_\_\_