



YMCA CASS AND CLAY COUNTIES

Staff: _____	Date: _____
Draft Date: _____	Branch: _____
Unit ID#: _____	

# MEMBERSHIP CANCELLATION FORM

Name \_\_\_\_\_

Address (Most Recent) \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_ Membership Type \_\_\_\_\_

**Reason for leaving the YMCA:**

- (1) \_\_\_\_\_ Moving
  - (2) \_\_\_\_\_ Equipment Available
  - (3) \_\_\_\_\_ Hours of Operation
- Reason: \_\_\_\_\_

(4) \_\_\_\_\_ Financial Reasons  
 \*We do have Financial Assistance available.  
 Please ask about our Y-Match Program.

- (5) \_\_\_\_\_ Drop for summer or winter (seasonal)
  - (6) \_\_\_\_\_ Medical reasons
  - (7) \_\_\_\_\_ Switching to another facility
- New Facility: \_\_\_\_\_  
 Reason: \_\_\_\_\_

- (8) \_\_\_\_\_ Unsatisfactory program offerings (please give example)
- (9) \_\_\_\_\_ Unsatisfactory facility (please give example)
- (10) \_\_\_\_\_ Unsatisfactory service (please give example)
- (11) \_\_\_\_\_ Other (please explain)

**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your last draft date was/ will be on:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Your membership will be active through:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Memberships must be cancelled based on your draft date:**

Draft on the 1<sup>st</sup> / Cancel by the 15<sup>th</sup> of the month prior

Draft on the 15<sup>th</sup> / Cancel by the 30<sup>th</sup>/31<sup>st</sup> of the month prior

**To help us ensure future quality at the YMCA, please give us any helpful feedback that you would like to share: (Would you like to be contacted regarding this feedback? Y / N)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby request that the monthly membership payment which is drawn on my account be ended. If your draft is on the 1<sup>st</sup> of the month a cancel needs to be completed by the 15<sup>th</sup> of the month prior. If your draft is on the 15<sup>th</sup> of the month a cancel needs to be completed by the 30<sup>th</sup> or 31<sup>st</sup> of the month prior. 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. The yellow 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: \_\_\_\_\_