



Membership Cancellation

Contact Information

Your Name _____

Address Street _____ Apt _____

City _____ State _____ Zip _____

Preferred Phone Number _____ Alternate Phone _____

Reason for cancellation

Moving from area Illness Joined another YMCA Financial Problems

Other (please explain)

Dissatisfaction (please explain)

If there is anything we could do to keep you as a member, what would it be?

If I am paying monthly, I understand that this notice must be received 14 days in advance of my payment date. I will be responsible for monthly payment if 14 days advance notice is not received.

Customer Signature _____ Date _____

Staff Received _____ Date _____