FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

YMCA OF CATAWBA VALLEY MEMBERSHIP CANCELLATION FORM

Date:

Member's Initial: _____

In order to cancel your membership, please complete entire form.

Name:		Date:	
Address:		Phone:	
		Email:	
Do you rent a locker?		Branch:	
Please indicate the reason you are	e cancelling your memb	pership:	
Financial Burden (Would you be inte	rested in our Financial As	sistance Program?) Yes	No
Dissatisfied	Medical	□ Moving	
🗆 Non Use	Time Limitations	Unemployment	
Using Other Facility	🗆 Other		
Comments:			

A thirty day notice is required to cancel your membership. Your bank or credit card draft that is due within the next 30 days will process as scheduled. After that time your membership will be terminated.

Please complete the following so that we may continue to improve the quality of service for our members.

Maintenance Yes No N/A Sports Yes No N/A Childcare Yes No N/A Aquatics Yes No N/A

 Swim Team
 Yes
 No
 N/A
 Fitness
 Yes
 No
 N/A
 Teen Center
 Yes
 No
 N/A

 Were you able to make a personal connection with YMCA staff or other participants during the time of your membership?
 Yes
 No
 If yes, Who?

What could we do to change your decision to cancel?

Please keep a copy of this cancellation form for your records. Be sure to check your bank statements and notify us of any discrepancies within 60 days.

I understand the following:

- I am only eligible for one membership promotion per calendar year.
- Financial assistance will expire with my membership termination and I must reapply if I rejoin in the future.
- Any and all outstanding fees must be paid prior to rejoining the YMCA.

Member Signature: _____

Office Use Only

Final draft will be processed on: _____

 Office Use Only

 Staff Signature:
 Date:

 Member #:
 Membership Type:

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.