

Center _____ Person ID _____ Date ____/____/____

YMCA CORPORATE MEMBERSHIP CANCELLATION

Company Name _____

Last Name _____ First Name _____ Middle Name _____

Preferred Name (if different) _____ Birthdate ____/____/____

Bank Draft/Credit Card – Date of Draft (Circle One): 1st or 15th Invoice – Paid through: ____/____/____

Home Address _____ Apt # _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Work (____) _____ Other (____) _____

Additional amenities included in my membership: Parking Tennis Locker Rental Other _____

I am canceling because (please choose all that apply):

- Change in Employment
- Do Not Use
- Facility Hours
- Family Emergency
- Financial Burden (would you be interested in our financial assistance program?) Yes No
- Dissatisfied (please comment below)
- Joined other Facility
- Medical
- Moved
- No longer YMCA staff
- Rate Increase
- Seasonal Membership
- Subsidy/Group Contribution Expired
- Too Busy

Comments: _____

How can we provide better service at the YMCA? _____

I UNDERSTAND THAT THE YMCA REQUIRES 30 DAYS NOTICE TO STOP MY BANK DRAFT AND/OR CANCEL MY MEMBERSHIP. I ALSO UNDERSTAND THAT SHOULD I CHOOSE TO REJOIN WITHIN 30 DAYS OF CANCELLATION, I WILL NOT HAVE TO PAY AN ADDITIONAL JOINING FEE. HOWEVER, IF I CHOOSE TO REJOIN AFTER 30 DAYS AND AM NO LONGER UNDER A CORPORATE PLAN, I WILL BE CHARGED AN ADDITIONAL JOINING FEE.

Signature _____ Date ____/____/____

Staff Member _____ Date ____/____/____

Office Use Only:

UNITY Entered By: Staff Initials _____
Date _____

Verified By: Staff Initials _____
Date _____

Comments: _____

