



# MEMBERSHIP CANCELLATION

YMCA CASS AND CLAY COUNTIES

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Reason for leaving the YMCA:**

- Hours of Operation
- Equipment Availability
- Financial Reasons\*
- Seasonal
- Medical Reasons
- Moving
- Switching to Another Facility
  - New Facility: \_\_\_\_\_
  - Reason: \_\_\_\_\_
- Unsatisfactory Program Offerings
- Unsatisfactory Facility
- Unsatisfactory Services
- Other (please explain)

**Notes:**

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**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 last day of the month prior

**What suggestions could you offer to help us improve our facilities or services?**

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*\*We have Financial Assistance available. Ask Staff for details.*

I hereby request that the monthly membership payment which is drawn from my account be ended. If my 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 my draft is on the 15<sup>th</sup> of the month, a cancel needs to be completed by the last day of the month prior. I also understand that if I allow my membership to lapse for more than 30 days and choose to restart my membership, I may need to pay the enrollment fee. The carbon copy of this form is proof that I have cancelled my draft with the YMCA of Cass and Clay Counties. I will keep a copy for my records, as the YMCA of Cass and Clay Counties cannot give refunds or credits unless I have proof of cancellation.

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