

Worthington Area YMCA

MEMBERSHIP CANCELLATION REQUEST FORM

(All applicable information must be filled out for this request to be processed)



Last Name		First Name	Middle Initial	
Mailing Address		City	State	Zip Code
Birthdate	Phone	E-Mail Address		

To help us ensure future quality at our YMCA, please answer the following questions:

Which of the following best describes your reason for requesting this cancellation?

- | | |
|---|--|
| <input type="checkbox"/> Unsatisfactory Service or Facility | <input type="checkbox"/> Not Using |
| <input type="checkbox"/> Relocating - Where? _____ | <input type="checkbox"/> Purchased own equipment |
| <input type="checkbox"/> Too expensive / financial reasons. | <input type="checkbox"/> Other _____ |

Would you be interested in receiving information on our Financial Assistance program? ☐ YES ☐ NO

☐ Joined another fitness center — Please name other facility _____

What did you DISLIKE about this YMCA membership? _____

How likely are you to rejoin the YMCA? _____

Please rate each of category on a scale of 1-5, with 5 being excellent:

- | | |
|------------------------------------|------------------------------|
| ____ Cleanliness of facility | ____ Staff friendliness |
| ____ Information availability | ____ Equipment / maintenance |
| ____ Staff knowledge | ____ Value of membership |
| ____ Quality / variety of programs | ____ Hours of operation |
| ____ Facility security / safety | ____ Overall YMCA operation |

☐ *Membership payments are drawn monthly on the 15th until signed written cancellation form is received. Cancellation will take effect on the date indicated on form, or if prior to the 10th it will be effective on the 15th of that month. If received after the 10th it will be effective as of the 15th of the following month. If you wish to join the YMCA again, and more than 30 days passed since last active membership payment, you will be required to pay a new enrollment fee.*

Member Signature _____ **Date:** _____

Staff Use ONLY

Member account# _____

Membership Begin Date: _____ **Date to cancel:** _____

Date of last draft: _____ **Staff Initials:** _____

Reviewed by: _____ **CEO Reviewed:** _____