



WORTHINGTON AREA YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP CANCELLATION FORM

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

MEMBER INFORMATION:

First Name:		Last Name:	
Address:		City:	
State:	Zip Code:	Birthdate:	
Primary Phone:		Email:	

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?

- | | |
|--|---|
| ☐ Unsatisfactory service/facility | ☐ No Longer Using the Facility |
| ☐ Relocation – Where? _____ | ☐ Purchased own equipment. |
| ☐ Too expensive/financial reasons | ☐ Other _____ |

Would you be interested in receiving information about our Financial Assistance Program?

☐ Yes ☐ No

- ☐ Joined another fitness center – Please name other facility. _____

What did you DISLIKE about your YMCA membership? _____

How likely are you to rejoin the YMCA? _____

Please rate each category below 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 this form, or if prior to the 10th of each month it will be effective on the 14th of that month. If received after the 10th, it will be effective as of the 14th of the following month. If you wish to join the YMCA in the future, and it has been more than 30 days since your last active membership payment, you will be required to pay a new joiner's fee.

Member Signature:

Date:

Staff Use Only:

Member Account Number:			
Date to Cancel:		Reviewed by (Front Desk Staff Name):	
Date of last draft:		Member Engagement Director Signature:	