



Membership Cancellation Form

Our members are very important to us and we're sorry to see you go.

Member Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Membership Type

- Youth Young Adult Adult Couple Household 1 Adult Household
 Active Older Adult AOA Couple 3 Adult Household

What is your primary reason for canceling your membership?

- Schedule Conflicts Relocating Youth program discount not needed
 Health Seasonal Joined another fitness center: _____
 Financial Reasons

Please note: At the Y, we welcome all and believe everyone deserves to experience our community.

Would you like information on our **Financial Aid Program**? Yes No

Other: _____

For all Bank Draft participants, be aware that your account may be drafted once more. Bank draft memberships must be **cancelled by the 5th** of the month to stop the draft for the month as specified on your membership application and on the pre-authorized bank draft form.

Corporate Membership: Company: _____

Member Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Payment canceled on _____ Date Processed _____ Staff Initial _____

Member ID# _____