



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**SWITZERLAND COUNTY YMCA
Membership Cancellation Form**

Date received: _____

Received by: _____

Date finalized: _____

Finalized by: _____

**Join fee is required if membership is not restarted
within 30 days of cancellation.**

Attention Draft Members: We require a written notice to be given before the first of the month you would like to cancel your monthly draft. Although draft dates are on the 15th, your membership is from the 1st until the last day of the month. Your membership will be valid through the last day of the month of your last draft and your account will not be drafted again.

Name: _____ Member # _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

In order to help us improve the YMCA, please tell us honestly why you are resigning. Comments regarding your resignation would be greatly appreciated. Thank you.

Please place a check mark beside all that apply:

☐ No longer using facility

☐ Medical Concerns

☐ Unsatisfactory Facility

☐ Financial

☐ Other _____

☐ Relocation

☐ Drop for summer/winter

☐ Unsatisfactory Service

☐ Switching to another facility

****If you are leaving due to financial reasons, are you aware that the YMCA offers financial assistance for membership?** ☐ Yes ☐ No

Comments: _____

-----Detach Here-----

Membership Cancellation Receipt

(Join fee is required if membership is not restarted within 30 days of cancellation.)

_____ terminated their YMCA membership on _____

Member Name

Today's Date

The last draft date for this membership was/will be _____. Please feel free to use the facility through _____.

Staff Signature: _____ Date: _____