



SOUTHERN DISTRICT YMCA MEMBERSHIP CANCELLATION FORM

Primary Member Name: _____

PLEASE CONFIRM THE INFORMATION BELOW

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

Phone # (Primary): _____

The Y is always looking to improve your membership experience and would greatly appreciate if you would share with us the reason for your cancellation

Relocation, I am moving to _____

No longer use the facility, Please tell us why: _____

Financially Related

- Have you applied for financial assistance: Yes No

Switching to another local facility, why? _____

Lost motivation

- How could we help? _____

Unsatisfied with the facility, Why? _____

Unsatisfied with the service, Why? _____

Hours of operation, Specify: _____

Equipment is unavailable, Specify: _____

Unsatisfied with programs, Specify: _____

Facility is Crowded

Other, specify: _____

Can you make suggestions for ways in which the YMCA could improve ?

Cancellations received by the 16th of the month will be effective the 1st of the following month.

I UNDERSTAND THAT ANY CHANGES TO MY MEMBERSHIP REQUIRE 14 DAYS NOTICE.

MEMBER SIGNATURE: _____ DATE: _____

Y STAFF NAME: _____ DATE: _____